SCHEDULE FOR APPOINTMENT OF AGENT BY CORPORATION/NONPROFIT ORGANIZATION OR LIMITED LIABILITY COMPANY

Submit to municipal clerk

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All corporations/organizations or limited liability companies applying for a must appoint an agent. The following questions must be answered by the corporation/organization or members/managers of a limited liability comp	pany and the recommendation ma	verages and/or intoxicating liquor be signed by the officer(s) of the ide by the proper local official.
Q \cdot	County of	Danie
To the governing body of: Town/Village/City of KALVE	County of	VACAGE.
The undersigned duly authorized officer(s)/members/managers of		
a corporation/organization or limited liability company making application		se for a premises known as
located at 1301 N. Min St		
Lappoints Michael KurhajEC	and a small	
4702 Blulkside DR	ed agent)	
(home address of a	ppointed agent)	
to act for the corporation/organization/limited liability company with full to alcohol beverages conducted therein. Is applicant agent presently a organization/limited liability company having or applying for a beer and Yes No If so, indicate the corporate name(s)/limited liability	cting in that capacity of request I/or liquor license for any other l	ocation in Wisconsin?
Is applicant agent subject to completion of the responsible beverage s	Civo, daning or an	es 🗆 No
How long immediately prior to making this application has the applica	nt agent resided continuously in	Wisconsin?
11702 R/16/500	e Dr. RAC	the WI
1		
MAH For: COASTERS CTO.	corporation/organization/limited liability compan	y)
March & Moth	/ PRISTONTION	NOCR
By. 1 100 H	(signature of Officer/Member/Manager)	
And:	(signature of Officer/Member/Manager)	
ACCEPTANCE	BY AGENT	
Mike Kurhaje (print/type agent's name)	, hereby accep	t this appointment as agent for the
corporation/organization/limited liability company and assume full respectively on the premises for the corporation/organization	consibility for the conduct of all	business relative to alcohol
Mark	2-22-06	Agent's age35
470) Slud Side (home address of agent)	(date)	Date of birth_
APPROVAL OF AGENT BY (Clerk cannot sign on beh	alf of Municipal Official)	
I hereby certify that I have checked municipal and state criminal reco	plection to the agent appointed:	ge, with the available information,
Approved on by		(town chair, village president, police chief)
(date) (signature or brober to	our enrowy	

ME