

Appointment of Successor Agent - Retail Licenses

Submit this form to your licensing authority with a \$10 processing fee.

If there is a change in agent, each club, corporation, or limited liability company that holds a retail license to sell fermented malt beverages and/or intoxicating liquor must appoint a successor agent and have the appointment approved by the licensing authority pursuant to sec. 125.04(6), Wis. Stats. The following questions must be answered by the agent, and the appointment must be signed by an officer of the corporation/organization or one member of the limited liability company (only one signature is required).

Section 1: Licensee Information and Acknowledgement

Licensee Name

Johnson Park Golf Club

Reason for Cancellation of Appointed Agent

New Agent - Previous agent not employed at business.

The undersigned appoints Timothy M. Burkhardt as agent in accordance with sec. 125.04(6), Wis. Stats.

Signature of President / Member (Handwritten signature)

Date 1-15-24

Section 2: Agent Information and Acknowledgement

Agent Name

Timothy M. Burkhardt

Mailing Address

6200 Northwestern Ave.

City or Post Office

Racine

State

WI

Zip Code

53406

Agent Questions

- 1. Are you of legal drinking age? [X] Yes [] No
2. Have you been a resident of Wisconsin for at least 90 continuous days prior to the date of appointment as agent? [X] Yes [] No
3. Have you ever been convicted of a federal law violation? [] Yes [X] No
4. Have you ever been convicted of a state law violation? [] Yes [X] No
5. Have you ever been convicted of a local ordinance violation? [] Yes [X] No
6. Have you completed the required responsible beverage server training course per sec. 125.04(5)(a)5, Wis. Stats.? [X] Yes [] No

UNDER PENALTY OF LAW, I declare that my answers above are true and correct to the best of my knowledge and belief.

I hereby accept appointment as agent for Johnson Park Golf Club and assume full responsibility of the conduct of the business relative to fermented malt beverages and intoxicating liquors.

Signature of Agent (Handwritten signature)

Date 1-15-24

Section 3: Licensing Authority Approval

Municipality Name

Signature of Official

Date

Title of Official

Date 1-15-24

Form AT-103

Alcohol Beverage License Application Supplemental Questionnaire

This form must be submitted to the municipal clerk, and be accompanied by one or more of the following forms: AT-104, AT-106, AT-108, AT-115, or AT-200. One Form AT-103 must be completed by each person involved in the applicant business or parent company including:

- sole proprietor
• all partners of a partnership
• all officers, directors, and agent of a corporation or nonprofit organization
• managing members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Supplemental Questionnaires are submitted.

Part A: Premises/Business Information
1. Registered Entity Name (or individual name if sole proprietor) Johnson Park Golf Club
2. Trade Name or DBA
3. Entity Type (check one) Sole Proprietor Partnership Limited Liability Company [X] Corporation Nonprofit Organization

Part B: Individual Information
1. Name (Last, First, M.I.) Burkhardt Timothy M.
2. Relationship to Registered Entity (Title) General Manager
3. Email tburkhardt7043@gmail.com
4. Phone 8282267276
5. Home Address 341 18th Ave Apt. 12
6. City Union Grove
7. State WI
8. Zip Code 53182
9. Date of Birth
10. Drivers License/State ID Number
11. Drivers License/State ID State of Issuance

Part C: Address History
List in chronological order your last two residence addresses within the last 5 years.
Previous Address 1 295 Vista Links DR Buena Vista, VA 24416 Dates (MM/YYYY - MM/YYYY) 06/2022 - 06/2023
Previous Address 2 462 Parkside Trail Macedon, NY 14502 Dates (MM/YYYY - MM/YYYY) 06/2021 - 06/2022

Part D: Employment History
List in chronological order your last two employers within the last 5 years.
Employer's Name Lexington Golf and Country Club
Employer's Address 141 Country Club Rd. Lexington, VA 24450 Dates Employed (MM/YYYY - MM/YYYY) 03/2022 - 01/2023
Employer's Name Midvale Country Club
Employer's Address 2387 Baird Rd. Penfield, NY 14526 Dates Employed (MM/YYYY - MM/YYYY) 03/2021 - 03/2022

Part E: Criminal History	
1. Have you ever been convicted of any offenses (other than traffic offenses unrelated to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.	
Law/Ordinance Violated	Trial Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Trial Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are charges for any offenses currently pending against you (other than traffic offenses unrelated to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.	

Part F: Questions		
1. Have you lived in any state other than Wisconsin as an adult? If yes, please list them in the space below. If no, continue to question 2. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No N. Carolina Michigan Indiana New York Ohio Virginia		
2. How long have you continuously lived in Wisconsin prior to the date of application?	Years	Months
	1	
3. Do you hold a direct or indirect interest in any alcohol beverage wholesaler or producer (e.g. brewer, brewpub, winery, distillery)? If yes, please explain using the space below. Attach additional sheets as needed. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

Part G: Attestation	
READ CAREFULLY BEFORE SIGNING: I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.	
Signature	Date
<i>Timothy Parshaw</i>	1.15.24

MyFoodAndBevTraining.com

Wisconsin Responsible Beverage Seller/Server Training Course

MyFoodAndBevTraining.com

This is to certify that

Tim Burkhardt

has successfully completed the

MyFood&BevTRAINING®

Wisconsin Responsible Beverage Seller/Server Training Course

This certificate represents the successful completion of an approved Wisconsin Department of Revenue Responsible Beverage Server Course in compliance with secs. 125.04(5)(a)5., 125.17(6), and 134.66(2m), Wis. Stats.

Jonny White

Jonny White

Authorized Signature

Completed on: **January 11, 2024**

MyFoodAndBevTraining.com

Certificate ID: e2b02798-02e4-4dd2-92d5-807c27f428d