#8982

## Schedule for Successor of Agent

If there is a change in agent, each club, corporation, or limited liability company who holds a retail permit to sell fermented malt beverages and/or intoxicating liquor must appoint a successor agent pursuant to sec. 125.04(6), Wis. Stats. There is a \$10 change in agent processing fee due with this form. The following questions must be answered by the Agent. The appointment must be signed by an officer of the corporation/organization or one member of limited liability company. (Only one signature is required). The appointment must be approved by the licensing authority.

The appointment mast be approved by the needsing as	thorty.
	Kaline Wisconsin 09/27 20 23
1. Name of agent Terry Terrell	Jackson
Yes No	
2. Are you of legal drinking age?	and beautiful and an arise to the data of appointment on agent?
	or at least 90 continuous days prior to the date of appointment as agent?
4. Have you ever been convicted of a federal	
5. Have you ever been convicted of a state	
6. Have you ever been convicted of a local	
	sible beverage server program per sec. 125.04(5)(a)5, Wis. Stats.?
	ove information is true and correct to the best of my knowledge and belief.
	mation in an application for a license may be required to forfeit not more than
\$1,000.	Term Terell Jackson
	(Signature of Agent)
	4926 Emstan Hills Rd
	Ragine, WI 53406
su	CCESSOR AGENT
The undersigned appoints Terry Sacies	as agent
in accordance with sec. 125.04(6). Wis. Stats.	A
Na	me of Permittee <u>Nakia Robinson</u>
Date 27th Suly 2023	and to big &
Date 27 501 2023	(Signature of Officer / Member)
I hereby accept appointment as agent for Post 54	6 Dorie Miller Post and assume
full responsibility of the conduct of the business relative t	o fermented malt beverages and intoxicating liquors.
64/29 22	Joseph 1/2 meller
Date	(Signature of Agent)
THE AGENT APPOINTED ABOVE MUST BE AP	PROVED BY THE LICENSING AUTHORITY TO BE EFFECTIVE
(See sec. 125.04(6), Wis. Stats.)	
	(Municipality) (Date)
	(Municipality) (Dale)
	(Signature of Official)
	(Title) Wisconsin Department of Revenue
AT-1078 (R. 7-18)	

## Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk

Individual's Full Name (please print) (last name)		
Individual's Full Name (please print) (last name)	(first name)	(middle name)
Home Address (street/route) Post Offi	ICITY	lerell
4926 Emstan Hills Pd	Paeine	State Zip Code  WI 53406
262 619 1143	Age Date of Rinth	Miss helby
The above named individual provides the following in	oformation as a person who is (check	ck one):
Applying for an alcohol beverage license as an in	ndividual.	
A member of a partnership which is making app	olication for an alcohol beverage lic	cense
(Officer / Director / Member / Manager / Agent)	of Dorie Miller	546 imited Liability Company or Nonprofit Organization)
which is making application for an alcohol bevera	age license.	Company of Manpioni Organization)
The above named individual provides the following in	formation to the licensing authority	
<ol> <li>How long have you continuously resided in Wiscon</li> </ol>	nsin prior to this date?	
2. Have you ever been convicted of any offenses (oth	her than traffic unrelated to alcono	Develogues) for
violation of any federal laws, any Wisconsin laws, or municipality?	any laws of any other states or ord	dinances of any county
or municipality?  If yes, give law or ordinance violated, trial court, tri	ial date and penalty imposed, and/	Yes No
status of charges pending. (If more room is needed,	continue on reverse side of this form 1	or date, description and
Are charges for any offenses presently pending ag     for violation of any foderal laws.	ainst you (other than traffic unrelat	ted to alcohol beverages)
for violation of any federal laws, any Wisconsin law municipality?	vs, any laws of other states or ordin	
If yes, describe status of charges pending.		Yes Ano
4. Do you hold, are you making application for or are	you an officer, director or agent of	a corporation/popprofit
organization of member/manager/agent of a limited	d liability company holding or apply	ring for any other alcohol
beverage neerise of permit?	\$7395 \$76 8 770 C	* Z
If yes, identify. 4057 Commander Ar	Mexican Post 546 (Name, Location and Type of License/Pe	Ragne, W+ 53402
5. Do you hold and/or are you an officer, director, stoo	kholder, agent or employe of any p	person or corporation or
member/manager/agent of a limited liability compar	ny holding or applying for a wholes	olo hans na surit
If yes, identify.	sturer or rectifier permit in the State	e of Wisconsin? Yes No
(Name of Wholesale Licensee of	Kac	ine, WI
Named individual must list in chronological order last	st two employers	(Address By City and County)
Employer's Name Employer's Address		Employed From
Reliance Controls 2001 You	ng CT Racine WII	Apr 2003 Propert
Employer's Name Employer's Address	s	Employed From To
ABB New Ber	lin, us	2002 Apr. 2003
EAD CAREEL VERSOR OLD		,
READ CAREFULLY BEFORE SIGNING: Under penal een truthfully answered to the best of the knowledge of	ty provided by law, the undersigne	ed states that each of the above questions has
pplication; that the applicant has read and made a com-	plete appropriate applications the	at he/she is the person named in the foregoing
orrect. The undersigned further understands that any lice and the state law, the applicant may be prosect	cense issued contrary to Chapter 1	25 of the Wisconsin Statutes shall be void and
nder penalty of state law, the applicant may be prosect on. Any person who knowingly provides materially false	uted for submitting false statement	s and affidavits in connection with this applica-
on. Any person who knowingly provides materially false	a information on this application ma	ay be required to forfeit not more than \$1,000.
	(Au	Marke