Wisconsin Department of Revenue

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AT-104 (R. 8-03)

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

Submit to municipal clerk. All corporations/organizations or limited liability companies applying for a license to sell fermented mait beverages and/or intoxicating liquor must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by the officer(s) of the corporation/organization or members/managers of a limited liability company and the recommendation made by the proper local official. To the governing body of: Town/Village/City of Racine County of Racine The undersigned duly authorized officer(s)/members/managers of Mega Marts, LLC (registered name of corporation/organization or limited liability company) a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as Pick 'n Save #6851 (trade name) Green Bay Rd., Racine, located at appoints to act for the corporation/organization/limited liability company with full authority and control of the premises and of all business relative to alcohol beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation/ organization/limited liability company having or applying for a beer and/or liquor license for any other location in Wisconsin? Yes V No If so, indicate the corporate name(s)/limited liability company(les) and municipality(les). Is applicant agent subject to completion of the responsible beverage server training course? Yes No How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? Place of residence last year LLC Mega Marts, ACCEPTANCE BY AGENT , hereby accept this appointment as agent for the corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company. Date of birth APPROVAL OF AGENT BY MUNICIPAL AUTHORITY (Clerk cannot sign on behalf of Municipal Official) I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, the character, record and reputation are satisfactory and I have no objection to the agent appointed. Approved on (signature of proper local official)

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## AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. (First Name) (Middle Name) SOCIAL SECURITY NUMBER INDIVIDUAL'S FULL NAME (Please Print) (Last Name) UOE 1GOCK OST OFFICE HOME PHONE NUMBER The above named individual provides the following information as a person who is (check one): Applying for an alcohol beverage license as an individual. A member of a partnership which is making application for an alcohol beverage license. of Mega Marts, LLC Agent (NAME OF CORPORATION, LIMITED LIABILITY COMPANY OR NONPROFIT ORGANIZATION) (Officer/Director/Member/Menager/Agent) which is making application for an alcohol beverage license. The above named individual provides the following information to the licensing authority: How long have you continuously resided in Wisconsin prior to this date? Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any municipality? . (If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending.) (If more room is needed, continue on reverse side of this form.) Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any municipality? . . . . Yes 🔲 No 🛣 (If yes, describe status of charges pending.) \_\_\_ Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol (If yes, identify.) \_ (NAME, LOCATION AND TYPE OF LICENSE/PERMIT) 5. Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer license, brewery permit or wholesale Ilquor permit in the State of Wisconsin?...... Yes 🔲 No 🗹 (If yes, identify.) (NAME OF WHOLESALE LICENSEE OR PERMITTEE) (ADDRESS BY CITY AND COUNTY) Named individual must list in chronological order last two employers. Employed Employer's Address The undersigned, being first duly sworn on oath, deposes and says that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Subscribed and sworn to before me Annum B II All UB URE OF NAMED INDIVIDUAL (CLERK/NOTARY PUBLIC) 101 STATE OF WIS My commission expires Wisconsin Department of Revenue AT-109 (R. 01-01)