

C# 6339
Bill # 4854

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.


Racine Wisconsin 4-7 20 21
(Municipality) (Date)

1. Name of agent Lynn A Biese-Carroll

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

UNDER PENALTY OF LAW. I declare that all of the above information is true and correct to the best of my knowledge and belief.

Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than \$1,000.


(Signature of Agent)

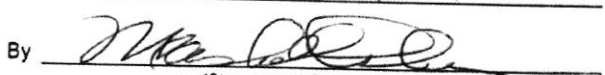
10981 14th Ct. Pleasant Prairie, WI
(Address) 53158

SUCCESSOR AGENT

The undersigned appoints Lynn A Biese-Carroll as agent in accordance with sec. 125.04(6), Wis. Stats.

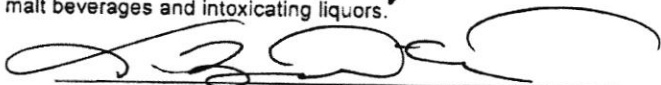
Name of Permittee Marshall Cushman

Date 4-7 20 21

By 
(Signature of Officer / Member)

I hereby accept appointment as agent for DeKoven Foundation for Churchwork, Inc and assume full responsibility of the conduct of the business relative to fermented malt beverages and intoxicating liquors.

Date 4-7 20 21


(Signature of Agent)

THE AGENT APPOINTED ABOVE MUST BE APPROVED BY THE LICENSING AUTHORITY TO BE EFFECTIVE. (See sec. 125.04(6), Wis. Stats.)

_____ WI _____ 20 _____
(Municipality) (Date)

(Signature of Official)

(Title)

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk

| | | | | | |
|---|--|--------------|------------------|----------------|----------|
| Individual's Full Name (please print) (last name) | | (first name) | | (middle name) | |
| Biese-Carroll | | Lynn | | A | |
| Home Address (street/route) | | Post Office | City | State | Zip Code |
| 10981 14th Ct | | | Pleasant Prairie | WI | 53158 |
| Home Phone Number | | Age | Date of Birth | Place of Birth | |
| 262-948-0050 | | | | Appleton, WI | |

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.
- Executive Director of DeKoven Foundation for Church Work, Inc
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)
- 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? 30 yrs
- 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 county or municipality? Yes No
 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 county or 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 beverage license or permit? Yes No
 If yes, identify. (Name, Location and Type of License/Permit)
- 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 permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
 If yes, identify. (Name of Wholesale Licensee or Permittee) (Address By City and County)

6. Named individual must list in chronological order last two employers.

| Employer's Name | Employer's Address | Employed From | To |
|-----------------|-----------------------------|---------------|------------|
| Froedtert South | 6308 8th Ave.; Kenosha, WI | 11-20-2018 | 02-01-2020 |
| Shalom Center | 4314 39th Ave.; Kenosha, WI | 5-1-2014 | 6-1-2019 |

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees 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. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.


(Signature of Named Individual)

CERTIFICATE OF COMPLETION

No: 52024:21645635

THIS CERTIFIES THE FOLLOWING PERSON HAS COMPLETED THE WISCONSIN SELLER SERVER ONLINE COURSE

www.SellerServer.com
4201 FM 1960 WEST, STE 100
HOUSTON, TX 77068
(866) 378-1587

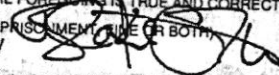
Date Of Birth: [REDACTED]
Completion Date: 02/16/2021



LYNN BIESE-CARROLL
600 CARON BUTLER DR.
DEKOVEN CENTER
RACINE, WI 53403

THIS COURSE MEETS ALL REQUIREMENTS FOR STATUTES 125.04, 125.17, AND 134.66.

I CERTIFY UNDER PENALTY OF PERJURY THAT, TO THE BEST OF MY KNOWLEDGE, THE FOREGOING IS TRUE AND CORRECT. (PERJURY IS PUNISHABLE BY IMPRISONMENT, FINE OR BOTH)

By 
(Authorized Signature of SellerServer.com)

SellerServer.com is approved by the Wisconsin Department of Revenue and fully complies with statutes 125.04 and 125.17. Present this certificate to you local municipal clerk's office to receive your Operator's or Retail license.

Only original certificates are accepted by regulatory agencies

OFFICIAL COPY

Dear LYNN BIESE-CARROLL,

You have successfully completed the SellerServer.com training course.

Course Description: Wisconsin Seller Server Online Course

Here is some important data for your records

Date Of Birth: [REDACTED]
Completion Date: 02/16/2021



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STUDENT COPY