

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 / 12 20 22
1. Name of agent Dessica L Wagner
Yes No 2* X Are you of legal drinking age?
Have you been a resident of Wisconsin for at least 90 continuous days prior to the date of appointment as agent?
Have you ever been convicted of a federal law violation?
Have you ever been convicted of a state law violation?
Have you ever been convicted of a local ordinance violation?
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
Jessi L. Wagner
38% 40th ST. Apt 102 Kenosha WI
(Address) 53144
SUCCESSOR AGENT
The undersigned appoints Jessica L. Wagner as agent
in accordance with sec. 125.04(6), Wis. Stats. Name of Permittee ADD Anc. (Wisconsin)
Date 1/5/2023 2022 By 5/
// Pignature of Officer / Member)
I hereby accept appointment as agent for ALDI Inc. (Wisconsin) and assume
full responsibility of the conduct of the business relative to fermented malt beverages and intoxicating liquors.
Date 1/12/2022 20 22 Justinature 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)			
WAGNER	J	JESSICA		L			
Home Address (street/route)	Post Office		City		State	Zip Code	
3816 40TH ST. APT #102			KENOSHA		WI	53144	
Home Phone Number		Age	Date of Birth		Place of B	irth	
262-818-1117					KENO	SHA, 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. AGENT Of ALDI #28 (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: 1. How long have you continuously resided in Wisconsin prior to this date? 2. 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? 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 proviolation of any federal laws, any Wismunicipality? If you describe status of charges pendir	consin laws, any la	ws of othe	er states or ordina	nces of any co	ounty or		∭ No
If yes, describe status of charges pending. 4. 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)							
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 permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes Yes If yes, identify.							
(Name of Wholesale Licensee or Permittee) (Address By City and County)							
6. Named individual must list in chronologi	ployer's Address			Employed From		То	
Marshalls 50	714 75th St.	Kerosh	a WI 3142	2011		2012	_
	ployer's Address			Employed From		To 2013	;

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.

O .

OAK # 28

Wisconsin Department of Revenue

Schedule for Appointment of Agent by Corporation / Nonprofit Organization or Limited Liability Company

Submit to municipal clerk.

must appo	int an agent. Tl	he following questi	ons must be answer	ed by the ager	nt. The appointment	It beverages and/or into t must be signed by a ation made by the prop	n officer of the
		Town					
To the governing body of:			of_RACINE		County of	RACINE	
		✓ City				· ———————	
The under	signed duly aut	horized officer/me	mber/manager of \underline{P}	LDI INC	(WISCONSIN)		
				(Registered	Name of Corporation / C	Organization or Limited Liab	
a corporati	on/organization	or limited liability of	company making app	lication for an a	alcohol beverage lic	ense for a premises k	nown as
ALDI ‡	28		(T-	d- M			
المعامما ما	3110 DOII	GIAS AVE	RACINE, WI	53402			
located at	3110 000	GLAD AVE.,	IMCIIII, WI	JJ402			
appoints	JESSICA	L. WAGNER					
	2016 AOT	ים א ייים א ייים איים	(Name of) 102, KENOSH	Appointed Agent) IZ MIT ちつ	144		
	3010 401	II DI. AFI		s of Appointed Age			
to alcohol	beverages cond	lucted therein. Is a	pplicant agent prese	ently acting in th	nat capacity or requ	oremises and of all bust sesting approval for an r location in Wisconsin	y corporation/
☐ Yes N/A	✓ No If	so, indicate the co	rporate name(s)/limit	ed liability com	pany(ies) and munio	cipality(ies).	
Is applican	t agent subject	to completion of the	e responsible bevera	ge server train	ing course?	Yes No	
	-	·	•		-	n Wisconsin? 28	EARS
Place of re	isidence last ye	ar 3/16 1611	H AVE, UPPER	C, KENOSH	IA, WI 55142	<u> </u>	
	F	or: ALDI, IN	C (WISCONSIN				
	F	By:	(Name of C	Corporation / Organ	nization / Limited Liability	Company)	
	_	·y.		(Signature of Office	cer / Member / Manager)		
Any persor \$1,000.	n who knowingly	v provides materiall	y false information ir	///		e required to forfeit no	t more than
			ACCEPTAN	ICE BY AGEN	 Т		
I, JESSI	CA L. WA	GNER (Print / Type Ag	ent's Name)		, hereby acce	pt this appointment as	agent for the
			pany and assume recorporation/organi			of all business relati	ve to alcohol
Chrs	~ 1-1	Vague	~	01/0	4/2022	Agent's age	
1000		Signature of Agent)	TING CITY III		(Date)	_	
3 /816 4	OTA ST. A		ENOSHA, WI	53144		Date of birth	
		APPF	ROVAL OF AGENT				
		checked municipa		records. To the	best of my knowle	dge, with the available d.	e information,
Approved o	nn .	by			Title		
, ipproved ((Date)		(Signature of Prop	er Local Official)	ride	Town Chair, Village Preside	ent, Police Chief)

AT-104 (R. 4-18)

Form

AT-200

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).

Licensee Information and Acknowledgem Licensee Name	nent				
Aldi #28					
Reason for Cancellation of Appointed Agent					
STORE MANAGER CHANGE					
The undersigned appoints Jessica L Wagner agent in accordance with sec. 125.04(6), Wis. Stats.	11/29/21				as
Signature of President / Member //	Date				
Section 2: Agent Information and Acknowledgement Agent Name					
Jessica L Wagner					
Mailing Address	City or Post Office	State Zip Cod		}	
3816 40th St. Apt #102	Kenosha	WI	53144		
Agent Questions	2			Yes	No
1, Are you of legal drinking age?				X	
2. Have you been a resident of Wisconsin for at least 90 contin	nuous days prior to the date of appointme	ent as ag	ent?	X	
3. Have you ever been convicted of a federal law violation?					X
4. Have you ever been convicted of a state law violation?					X
5, Have you ever been convicted of a local ordinance violation	?		(4)(4)(4)(3)		X
Have you completed the required responsible beverage ser	ver training course per sec. 125.04(5)(a)5	, Wis. S	tats.?	X	
UNDER PENALTY OF LAW, I declare that my answers above I hereby accept appointment as agent for ALDI #28 assume full responsibility of the conduct of the business relative		cating lic			and
Section 3: Licensing Authority Approval	·Date=/- /				
Municipality Name					
Signature of Official	Date				
Title of Official					