

Bill TF 3442

Form
AB-101

Alcohol Beverage
Appointment of Agent

Date

Agent Type (check one)

- Original (no fee)
- Successor (\$10 fee for municipal licensees only)

Part A: Business Information

1. Legal Business Name (Individual name if sole proprietor) DeKoven Center Inc.	
2. Business Trade Name or DBA	
3. Entity Type (check one) <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Nonprofit Organization	
4. Alcohol Beverage Business Authorization (check one) <input type="checkbox"/> Municipal Retail License <input type="checkbox"/> State Permit	5. If successor agent, provide State Permit or Municipal Retail License Number
6. Describe the reason for appointing a successor agent, if successor is checked above.	

Part B: Agent Information

1. Last Name Ward	2. First Name Geoffrey	3. M.I. F
4. Email fr.geoff@yahoo.com		5. Phone 214-616-4006
6. Home Address 68 Harborview Dr.		
7. City Racine	8. State WI	9. Zip Code 53403
11. Drivers License/State ID Number W630-2866-0409-01		10. Age
12. Drivers License/State ID State of Issuance WI		


Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire? Submit a completed Form AB-100 with this form.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you been a Wisconsin resident for at least 90 continuous days? See instructions for exceptions.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Continued →


Part D: Business Attestation

READ CAREFULLY BEFORE SIGNING: I, the Undersigned, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I 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.

Last Name Ward	First Name Geoffrey	M.I. F
Title Board President	Email fr.geoff@yahoo.com	Phone 214-616-4006
Signature 	Date 5-29-26	

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the Agent, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. 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.

Last Name Ward	First Name Geoffrey	M.I. F
Signature 	Date 5-29-26	

Alcohol Beverage Individual Questionnaire

Date

All individuals involved in the alcohol beverage business must complete this form, including:

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

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

Part A: Business Information

1. Legal Business Name (Individual name if sole proprietor) DeKoven Center Inc.				
2. Business Trade Name or DBA				
3. Entity Type (check one)				
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Corporation	<input checked="" type="checkbox"/> Nonprofit Organization

Part B: Individual Information

1. Last Name Ward		2. First Name Geoffrey		3. M.I.
4. Relationship to Business (Title) Board President		5. Email gward@dekovencenter.org		6. Phone 214-616-4006
7. Home Address 68 Harborview Dr.				
8. City Racine	9. State WI	10. Zip Code 53403	11. Date of Birth	
12. Drivers License/State ID Number W630-2866-0409-01		13. Drivers License/State ID State of Issuance WI		

Part C: Address History

1. Do you currently reside in Wisconsin?				<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?				Years 13	Months
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.					
Previous Address 1 8314 N. Regent Rd.		City Fox Point		State WI	Zip Code 53217
Previous Address 2 77 Maple Lane		City <i>Manitowish</i>		State WI	Zip Code 53217
Previous Address 3		City		State	Zip Code
Previous Address 4		City		State	Zip Code
Previous Address 5		City		State	Zip Code
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.					
State	County	State	County	State	County
State	County	State	County	State	County

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? Yes No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.


Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? Yes No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. 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 5/29/26

EMPLOYEE TRAINING ACKNOWLEDGEMENT LEGAL RESTRICTION ON TOBACCO SALES TO MINORS

Use of form: This is a required form. Personally identifiable information on this form is collected to determine compliance with the statutes and will only be used for that purpose.

Instructions: Sign form and retain on premises in personnel file.

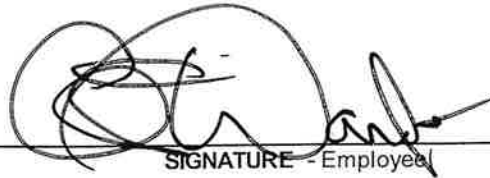
Employee - Name (print) Geoffrey Ward		Driver's License Number
Address Online	City, State, Zip Statewide, WI	
Home Telephone	Date of Birth (Day, Month, Year)	
Store Name SellerServerClasses.com		Store Number (if applicable)
Name - Supervisor		

I acknowledge (Choose one):

- I have successfully completed a responsible beverage server training course at a technical college that conforms to curriculum guidelines specified by the technical college system board or a comparable training course that is approved by the department or the educational approval board. (Wis. Stat. § 125.04)
- I have received training from my employer on compliance with Wis. Stat. § 134.66.

I further acknowledge:

- I understand that federal law prohibits selling tobacco products to any person under the age of 21. Failure to comply with these restrictions may result in a citation.


SIGNATURE - Employee

5/29/26
Date Signed

SIGNATURE - Supervisor

Date Signed