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 malt beverages and/or intoxicating liquor must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by an officer of the corporation/organization or one member/manager of a limited liability company and the recommendation made by the proper local official.

✓ Town	
To the governing body of: Village of KRONLNWEHCK County of MAKATHON	
The undersigned duly authorized officer/member/manager of CATION BAR, TNC- (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	,
- KELOCATION BAR, INC	
located at 1801 Hwy XX KLOW Wi 54455	
appoints BANDAIL W. FISHER	
965 BARDNER PK RO. KADN. W; 54455 (Home Address of Appointed Agent)	
to act for the corporation/organization/limited liability company with full authority and control of the premises and of all business rela to alcohol beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporationg organization/limited liability company having or applying for a beer and/or liquor license for any other location in Wisconsin?	live on
Yes No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).	
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 965 GARWER PK Rd KRDWW, 54455	•
For: LOCATION BAR, INC	
By: (Name of Corporation / Organization / Limited Liability Company) (Signature of Officer / Member / Manager)	
Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more that \$1,000.	1
ACCEPTANCE BY AGENT RANDALII W. FISHER , hereby accept this appointment as agent for to	he
corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcoloeverages conducted on the premises for the corporation/organization/limited liability company.	ıol
X (Signature of Agent) 5/21/2023 Agent's age 59	
915 GARDUL PARK Rd KLOW. W; 54455 Date of birth 6/14/196 (Home Address of Agent)	4
APPROVAL OF AGENT BY MUNICIPAL AUTHORITY (Clerk cannot sign on behalf of Municipal Official)	_
hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information he character, record and reputation are satisfactory and I have no objection to the agent appointed.	n,
Approved on by Title	
(Date) (Signature of Proper Local Official) (Town Chair Village President Police Chie	off.

(Signature of Proper Local Official)

(Town Chair, Village President, Police Chief)

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)	(firs	t name)	(mic	idle name)
KANDAIL W FISHER			·	,
Home Address (street/route)	Post Office	City	11 State	e Zip Code
963 Garduer PK RC	Mosinee	Krowen	wetter U	4 54455
Home Phone Number	Age	B Date of Birth 06-14-	[9/ L] Plac	e of Birth
715-571-0285	J	0 00 17	167	Marathan
The above named individual provides the follo	wing information as a	person who is (chec	ck one):	
Applying for an alcohol beverage license		porcon who is taked	in oney.	
A member of a partnership which is mak		alcohol beverage lig	ense.	
Ditticer Pres	of LOC	Ation RAD 1	no.	
(Officer / Director / Member Manager / Agent)		(Name of Corporation, Li	mited Liability Company or No	onprofit Organization)
which is making application for an alcohol	beverage license.			
The above named individual provides the follo		A	:	
1. How long have you continuously resided in	-			
2. Have you ever been convicted of any offer				
violation of any federal laws, any Wisconsi or municipality?			linances of any count	ty ∏ Yes
If yes, give law or ordinance violated, trial of			or date, description a	
status of charges pending. (If more room is				
3 Are charges for any offenses presently per	ding against you (ath	ou than troffic console	feel feel all become	
Are charges for any offenses presently per for violation of any federal laws, any Wisco				
If yes, describe status of charges pending.				
4. Do you hold, are you making application fo				
organization or member/manager/agent of beverage license or permit?				onoi Yes ANo
If yes, identify.				
		ation and Type of License/F		
5. Do you hold and/or are you an officer, direct				n or
member/manager/agent of a limited liability brewery/winery permit or wholesale liquor,				
If yes, identify.		o. pomit in the otta	0 01 111000110117	
	Licensee or Permittee)		(Address By City	and County)
6. Named individual must list in chronological		ers.		
Employer's Name	er's Address	XV	Employed From	To Hesen A
Employer's Name Employ	er's Address	71.7	Employed From	TO TO
Kelocation Ka 18	POI CTU HO	uv XX	2001	thresen!
	1 7	117		
READ CAREFULLY BEFORE SIGNING: Und	er penalty provided b	y law, the undersign	ed states that each o	of the above questions has
peen truthfully answered to the best of the kno	wledge of the signer. ⁻	The signer agrees th	nat he/she is the pers	on named in the foregoing
application; that the applicant has read and mac correct. The undersigned further understands th	le a complete answer:	to each question, an	d that the answers in	each instance are true and
under penalty of state law, the applicant may be	prosecuted for subm	itting false statemer	and affidavits in co	nnection with this applica-
ion. Any person who knowingly provides mater	ially false information	on this application r	nay be required to for	eit not more than \$1,000.
		(1)	andreal is	What -
		_V	(Signature of Name	ed Individual)