

Form  
AB-101Alcohol Beverage  
Appointment of AgentDate  
12-30-25

## 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)

Watertown Liquor Depot, LLC.

2. Business Trade Name or DBA

Liquor Depot

3. Entity Type (check one)

- ☒ Limited Liability Company      ☐ Corporation      ☐ Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one)

- ☒ Municipal Retail License      ☐ State Permit

5. If successor agent, provide State Permit or Municipal Retail License Number

license No: 2094

6. Describe the reason for appointing a successor agent, if successor is checked above.

The original agent is no longer involved with the business and her units were bought out from the LLC. I am currently the only member of the LLC so I need to become the agent on the license.

## Part B: Agent Information

1. Last Name

Hobbs

2. First Name

Courtney

3. M.I.

E.

4. Email

5. Phone

6. Home Address

7. City

Brookfield

8. State

WI

9. Zip Code

53045

10. Date of Birth

11. Drivers License/State ID Number

12. Drivers License/State ID State of Issuance

Wisconsin

## Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? ..... ☒ Yes      ☐ No  
Submit proof of completion.

2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire* (licensee) or Form AB-300, *Alcohol Beverage Personal Questionnaire* (permittee)? ..... ☒ Yes      ☐ No

3. Have you been a Wisconsin resident for at least 90 continuous days? ..... ☒ Yes      ☐ No  
See instructions for exceptions.

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 Hobbs		First Name Courtney		M.I. E.
Title Member	Email courtney0501@gmail.com		Phone [REDACTED]	
Signature Courtney Hobbs			Date 12/29/25	

**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 Hobbs		First Name Courtney		M.I. E.
Signature Courtney Hobbs			Date 12/29/25	