

Form
AB-101Alcohol Beverage
Appointment of Agent

Date

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)

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

 Municipal Retail License State Permit

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

[REDACTED]

5. Phone

[REDACTED]

6. Home Address

[REDACTED]

7. City

Brookfield

8. State

WI

9. Zip Code

53045

10. Date of Birth

[REDACTED]

11. Drivers License/State ID Number

[REDACTED]

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	