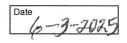
Form AB-101

Alcohol Beverage Appointment of Agent



Agent Type (check one)			
☐ Original (no fee) ✓ Successor (\$10 fee for r	municipal licensees only)	2024-2	-025
licensing year			
Part A: Business Information			
1. Legal Business Name (individual name if sole proprietor) Water Town Hail of:	Holgs. LLC	Lyons	Irish Pub LLC
2. Business Trade Name or DBA Lyons Irish Pub	0		
3. Entity Type (≰ heck one)	ny Corporation	☐ No	onprofit Organization
4. Alcohol Beverage Business Authorization (check one)		<i>,</i>	Municipal Retail License Number
6. Describe the reason for appointing a successor agent, if successor Agent, Tawes M. B.			
Part B: Agent Information			
1. Last Name Boll/Man	2. First Name avol	/	3. M.I.
4. Email c/b w/n (a yahoo " co			5. Phone 92028512T1
6. Home Address 14 E. Water St,	0		,
7. City Watertown	8. State 9. Zip Code	3094	10. Date of Birth 09-05-1950
11. Drivers License/State D Number B 455 - 1/25 - 0825 - 07	12. Drivers License/State ID State of Issuance		
Part C: Agent Questions			
Have you satisfied the responsible beverage server train Submit proof of completion.	ing requirement?		🔀 Yes 🗌 No
2. Have you completed Form AB-100, Alcohol Beverage In Form AB-300, Alcohol Beverage Personal Questionnaire			
Have you been a Wisconsin resident for at least 90 conti See instructions for exceptions.	inuous days?	*********	Yes No

READ CAREFULLY BEFORE SIGNING: I, the Undersign corporation, nonprofit organization, or limited liability combeverage activities on such premises. I certify that I am a on behalf of the entity. If I am appointing a successor ager I understand that I may be prosecuted for submitting false any person who knowingly provides materially false informatic convicted.	pany with full authority and con uthorized by the above-named ont, I rescind all previous agent a e statements and affidavits in col	trol of the premises and of all alcohol entity to authorize this individual to act opointments for this premises. Further, nnection with this application, and that	
Last Name York/ MUM	First Name Cavol	M.I ,	
member, owner Lb	wtna yahoo.	-om 920285127	
Signature MALL BAND	West 1	Date	
	-		
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 Bohlman	First Name Carol	M.I	
Signature MAF. Boll Mall	N	Date 4-3-2025	

Part D: Business Attestation