

Alcohol Beverage  
Appointment of AgentDate  
6-9-2025

## Agent Type (check one)

☐ Original (no fee)☒ Successor (\$10 fee for municipal licensees only)2024-2025  
licensing year

## Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)

~~Watertown Main St. Hdqrs. LLC~~ Lyons Irish Pub LLC

2. Business Trade Name or DBA

Lyons Irish Pub

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

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

Agent, James M. Baade is deceased.

## Part B: Agent Information

1. Last Name

Bohlman

2. First Name

Carol

3. M.I.

L I

4. Email

c/bwtn@yahoo.com

5. Phone

9202851271

6. Home Address

214 E. Water St.

7. City

Watertown

8. State

WI

9. Zip Code

53094

10. Date of Birth

09-05-1950

11. Drivers License/State ID Number

B455-1125-0825-07

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 ☐ No3. Have you been a Wisconsin resident for at least 90 continuous days? ..... ☒ Yes ☐ No  
See instructions for exceptions.

Continued →

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6/3  
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**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	<i>Bohlman</i>	First Name	<i>Carol</i>	M.I.	<i>L.</i>
Title	<i>member, owner</i>	Email	<i>c/bwtm@yahoo.com</i>	Phone	<i>920 285 1277</i>
Signature	<i>Carol L. Bohlman</i>			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	<i>Bohlman</i>	First Name	<i>Carol</i>	M.I.	<i>L.</i>
Signature	<i>Carol L. Bohlman</i>			Date	<i>6-3-2025</i>