## **Form** AT-200

## **Appointment of Successor Agent – Retail Licenses**

Submit this form to your licensing authority with a \$10 processing fee.

If there is a change in agent, each club, corporation, or limited liability company that holds a retail license to sell fermented malt beverages and/or intoxicating liquor must appoint a successor agent and have the appointment approved by the licensing authority pursuant to sec. 125.04(6), Wis. Stats. The following questions must be answered by the agent, and the appointment must be signed by an officer of the corporation/organization or one member of the limited liability company (only one signature is required).

	Section 1: Licensee Information and Acknowledgement				
	Licensee Name				
	American Legion Pitterle-Beaudoin Post 189				
	Reason for Cancellation of Appointed Agent				
<	Voted out of Office				
	Stal 7 Clares			as	
	The undersigned appoints				
	Signature of President Member Date				
	Section 2: Agent Information and Acknowledgement				
	Agent Name				
f	Stephen Lilloned	State	Zip Code		
	Mailing Address  City or Post Office		17-011		
	Mailing Address  N/8754 Jeffersun Rd  Watutuun	Wi	53044		
	Agent Questions		Yes	No	
	1. Are you of legal drinking age?		<b>X</b>		
	2. Have you been a resident of Wisconsin for at least 90 continuous days prior to the date of appointment as agent?				
	3. Have you ever been convicted of a federal law violation?			,XŢ	
	4. Have you ever been convicted of a state law violation?			X	
	5. Have you ever been convicted of a local ordinance violation?			囟	
6. Have you completed the required responsible beverage server training course per sec. 125.04(5)(a)5, Wis. Stats.?				Z	
	NDER PENALTY OF LAW, I declare that my answers above are true and correct to the best of my knowledge and belief.				
I hereby accept appointment as agent for A Mulican Lay: on P. Heyle - Beaudoin Tost 189 assume full responsibility of the conduct of the business relative to fermented malt beverages and intoxicating liquors.				g and	
	Signature of Agent Date				
Section 3: Licensing Authority Approval					
	Municipality Name				
	Lity of Waterstown				
	11/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1	20	25		
	Signature of Official Date				
	I last of Popar				
	Title of Official				