

OAK #26

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

ALDI #26

Reason for Cancellation of Appointed Agent

Store Manager (Agent) change

The undersigned appoints Michelle L. Johnson as agent in accordance with sec. 125.04(6), Wis. Stats.

Signature of President / Member

Date

7/31/23

Section 2: Agent Information and Acknowledgement

Agent Name

Michelle L. Johnson

Mailing Address

W1110 Concord Center Dr

City or Post Office

Sullivan

State

WI

Zip Code

53178

Agent Questions

Yes No

1. Are you of legal drinking age? ☒ Yes ☐ No
2. Have you been a resident of Wisconsin for at least 90 continuous days prior to the date of appointment as agent? ☒ Yes ☐ No
3. Have you ever been convicted of a federal law violation? ☐ Yes ☒ No
4. Have you ever been convicted of a state law violation? ☐ Yes ☒ No
5. Have you ever been convicted of a local ordinance violation? ☐ Yes ☒ No
6. Have you completed the required responsible beverage server training course per sec. 125.04(5)(a)5, Wis. Stats.? ☒ Yes ☐ No

UNDER 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 ALDI #26 and assume full responsibility of the conduct of the business relative to fermented malt beverages and intoxicating liquors.

Signature of Agent

Date

8/21/23

Section 3: Licensing Authority Approval

Municipality Name

Signature of Official

Date

Title of Official

TOPD 8/28 MD