

Appointment of New Liquor/Beer Agent

To be completed by Corporate Officer or Member of LLC

I, _____, officer/member for _____
(Corporation/LLC), doing business as _____, authorize and appoint
_____ (Name) as the liquor/beer agent for the premise
located at _____.

Subscribed and sworn to before me this _____
_____ Day of _____, 20_____

Signature of Officer/Member

Notary Public, Dane County, Wisconsin

My Commission Expires _____

To be completed by appointed Liquor/Beer Agent

I, _____, appointed **liquor/beer agent** for
_____ (name of Corporation or LLC), being first duly sworn
say I have vested in me, by properly authorized and executed written delegation, full authority
and control of the premise described in the license of such corporation or limited liability
company, and I am involved in the actual conduct of the business as an employee, or have a
direct financial interest in the business of the licensee, therein relating to the intoxicating
liquor/fermented malt beverage. The interest I have in the business is _____ %.

Subscribed and sworn to before me this _____
_____ Day of _____, 20_____

Signature of Agent

Notary Public, Dane County, Wisconsin

My Commission Expires _____

The appointed Liquor/Beer Agent must complete the other side of this form.

To be completed by the appointed Liquor/Beer Agent

| | | | | | | | | |
|--|------------------|--|--------------|-------------|----------------------|---------------|-------------|-------------|
| Last Name | | First Name | | | | | M.I. | |
| Residence: Street Address | | | | City | | State | Zip | |
| Residence Phone | Birthdate | Birth Place (City, State) | Race | Sex | Height | Weight | Hair | Eyes |
| Driver's License Number (State & Number) | | How long immediately prior to making this application have you continuously resided in the State of Wisconsin? _____ | | | | | | |
| Have you completed Beverage Server Training? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | |
| Date of Beverage Server Training completion _____ (must provide proof of completion to City Clerk) | | | | | | | | |
| Other than the address above, places of residence for the past five years: | | | From: | | | To: | | |
| | | | From: | | | To: | | |
| | | | From: | | | To: | | |
| Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any municipality? If yes, give law or ordinance violated, trial court, trial date and penalty imposed and/or date, description and status of charges pending. <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | |
| Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any municipality? If yes, describe status of charges pending. <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | |
| Do you hold, or are you making application for, or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? If yes, identify name, location, and type of permit. <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | |
| Do you hold and/or are you an officer, director, stockholder, agent or employee of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer license, brewery permit, or wholesale liquor permit in the State of Wisconsin? If yes, identify. <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | |
| List last two employers in chronological order. | | | | | | | | |
| Employer's Name | | Employer's Address | | | Employed From | | To | |
| | | | | | | | | |
| | | | | | | | | |

Agent must attach a copy of photo ID.