## SCHEDULE FOR APPOINTMENT OF AGENT BY CORPORATION/NONPROFIT ORGANIZATION OR LIMITED LIABILITY COMPANY

Submit to municipal clerk.

liquor mus of the corp	at appoint an age poration/organiz	nt. The following	questions must be answere	ed by the agent. The appoint	d malt beverages and/or intoxicating ment must be signed by the officer(s) ecommendation made by the proper
local officia	al.	Town			
To the gov	verning body of:	Village ✓ City	of Madison	County of	Dane
The under	signed duly auti	11 2 2	)/members/managers of	Blazin Win	gs, Inc. organization or limited liability company)
a corporati	ion/organization	or limited liability		and the state of	cense for a premises known as
			(trade nar	vild Wings	
located at			240 East Tov	vne Mall	
appoints			Kenneth Kra	ahn, Jr.	
арроппо			Inama of annoint	ed agenti	
			(home address of app	pointed agent)	Property
to alcohol l	beverages cond	ucted therein, Is	applicant agent presently a		premises and of all business relative uesting approval for any corporation/ er location in Wisconsin?
Yes	No If	so, indicate the c	corporate name(s)/limited lial	bility company(ies) and muni	cipality(ies).
Is applican	t agent subject t	o completion of t	the responsible beverage se	rver training course?	Yes No
					in Wisconsin?
_			application are applicant	agoni rosidod dominidodaly	THE STATE OF THE S
Place of re	sidence last yea	ır		, mare	
	Fo	r:	Blazin/	Wings, Inc.	
		The second second second second	11 / /	oration/organization/limited liability co	ompany)
	B	/:	Sign	ature of Officer/Member/Manager)	
	And	<b>!</b> :	V		
(signature of Officer/Member/Manager)					
Annual Communication Communica	SHE WOLKENSKE SKALENSKE STORMAN		ACCEPTANCE E	SY AGENT	
i	Kennell	2 Krahn		hereby acce	ept this appointment as agent for the
1;		The second secon	gent's name)	, nordby door	opt and appointment as agent to: the
corporation beverages	lorganization/lir	nited liability co le premises for l	mpany and assume full re the corporation/organization	sponsibility for the conduct //limited liability company.	of all business relative to alcohol
	My The	l		4/8/19	Agent's age 40
	(s	gnature of agent)		(date)	Agent's age
		, and the contract of the cont	Verona WI address of agent)	and the second s	Date of birth
Engined week of the bost option of the Pri			PROVAL OF AGENT BY MI erk cannot sign on behalf		
				ds. To the best of my knowle ection to the agent appointe	dge, with the available information, d.
Approved o		by		Title	vota alimini saa kiin suoramis muu puluumi gemmasuuna siimiskapitem yuusuun au gelismys yiemma kii yeesa
	(date)		(signature of proper local	official)	(town chair, village president, police chief)
AT-104 (R. 4-09)			AND THE RESIDENCE OF THE PROPERTY OF THE PROPE		Wisconsin Department of Revenue