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

Submit to municipal clerk.

liquor must ap of the corpor	opoint an agen	t. The following	questions must be answer	red by the agent. The appoin	ed malt beverages and/or intoxicating alment must be signed by the officer(s) recommendation made by the proper
local official. To the govern	ning body of:	Town Village	of Madison	County of	_f Dane
		✓ City	,		to distribute and the company of the control of the
The undersig	ned duly autho	orized officer(s)	/members/managers of	Blazin Wir (registered name of corporation	ngs, Inc. Vorganization or limited liability company)
a corporation/	organization o	r limited liability	company making applicati		icense for a premises known as
			Buffalo W	Wild Wings	
located at		. 7	789 University Ave	^{me)} nue, Madison, WI 5	3719
appoints	and the first of the same of t		Carl Alwin		
(name of appointed agent) (name of appointed agent) (home address of appointed agent)					
to alcohol bev	erages conduc	ted therein. Is	applicant agent presently a	authority and control of the acting in that capacity or req /or liquor license for any oth	premises and of all business relative uesting approval for any corporation/er location in Wisconsin?
Yes V	No If so	, indicate the c	orporate name(s)/limited lia	bility company(ies) and mur	icipality(ies).
Is applicant ag	ent subject to	completion of t	he responsible beverage se	erver training course?	Yes No
How long imm	ediately prior to	o making this a	pplication has the applicant	erver training course? t agent resided continuously	in Wisconsin?
Place of reside					1 1 00-
r lace of reside	since last year	·	111)	
	For:		Blazin	Wings, Inc. oration/organization/limited liability	20mnanul
Ву:					, company)
			(Sign	nature of Officer/Member/Manager)	
	And:	Andrew Conference de Constitution (Constitution (Constitut	(sign	nature of Officer/Member/Manager)	
			ACCEPTANCE E	VACENT	
(and di	1.4			
1		(print/type ag	gent's name)	, nereby acc	ept this appointment as agent for the
			mpany and assume full re he corporation/organization		t of all business relative to alcohol
	$\neg //$			4/10/19	Agent's age 37
	(\sign	ature of agent)	11.	(date)	Agent's age
	-	(home	address of agent)		Date of birth
			ROVAL OF AGENT BY Merk cannot sign on behalf		
				ds. To the best of my knowle ection to the agent appointe	edge, with the available information, ed.
Approved on _	Idetal	by	Injunctive of	Title	/m
	(date)		(signature of proper local	onicial)	(town chair, village president, police chiel)
T-104 (R. 4-09)					Wisconsin Department of Revenue