Schedule for Successor of Agent

If there is a change in agent, each club, corporation, or limited liability company who holds a retail permit to sell fermented malt beverages and/or intoxicating liquor must appoint a successor agent pursuant to sec. 125.04(6), Wis. Stats. There is a $10 change in agent processing fee due with this form. The following questions must be answered by the Agent. The appointment must be signed by an officer of the corporation/organization or one member of limited liability company. (Only one signature is required). The appointment must be approved by the licensing authority.

_____ Wisconsin _____ 20 ____
(Municipality) *(Date)*

1. Name of agent _____

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

UNDER PENALTY OF LAW, I declare that all of the above information is true and correct to the best of my knowledge and belief.

Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than $1,000.

_____
(Signature of Agent)

_____
(Address)

SUCCESSOR AGENT

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

Name of Permittee _____

Date _____ 20 ____ By _____
(Signature of Officer / Member)

I hereby accept appointment as agent for _____ and assume full responsibility of the conduct of the business relative to fermented malt beverages and intoxicating liquors.

Date _____ 20 ____ _____
(Signature of Agent)

THE AGENT APPOINTED ABOVE MUST BE APPROVED BY THE LICENSING AUTHORITY TO BE EFFECTIVE. (See sec. 125.04(6), Wis. Stats.)

_____ WI _____ 20 ____
(Municipality) *(Date)*

_____
(Signature of Official)

_____
(Title)