

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

Fortune Wisconsin, LLC DBA Empire Fish

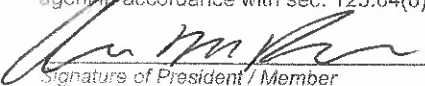
Reason for Cancellation of Appointed Agent

Appointed agent is no longer with the company

The undersigned appoints Quinn Eakes

agent in accordance with sec. 125.04(6), Wis. Stats.

as


Signature of President / Member1/3/24
Date

Section 2: Agent Information and Acknowledgement

Agent Name

Quinn Eakes

Mailing Address

City or Post Office

State

Zip Code

Agent Questions

Yes No

- | | | |
|---|-------------------------------------|-------------------------------------|
| 1. Are you of legal drinking age? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you been a resident of Wisconsin for at least 90 continuous days prior to the date of appointment as agent? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. Have you ever been convicted of a federal law violation? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4. Have you ever been convicted of a state law violation? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5. Have you ever been convicted of a local ordinance violation? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6. Have you completed the required responsible beverage server training course per sec. 125.04(5)(a)5, Wis. Stats.? ... | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

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 Quinn Eakes

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


Signature of Agent1/3/2023

Date

Section 3: Licensing Authority Approval

Municipality Name

Signature of Official

Date

Title of Official

Alcohol Beverage License Application
Supplemental Questionnaire

Date

This form must be submitted to the municipal clerk, and be accompanied by one or more of the following forms: AT-104, AT-106, AT-108, AT-115, or AT-200. One Form AT-103 must be completed by each person involved in the applicant business or parent company including:

- sole proprietor
- all officers, directors, and agent of a corporation or nonprofit organization
- all partners of a partnership
- managing members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Supplemental Questionnaires are submitted.

Part A: Premises/Business Information

1. Registered Entity Name (or individual name if sole proprietor)	Fortune Wisconsin, LLC
2. Trade Name or DBA	DBA Empire Fish
3. Entity Type (check one)	<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization

Part B: Individual Information

1. Name (Last, First, M.I.)			
Eakes, Quinn, T			
2. Relationship to Registered Entity (Title)	3. Email	4. Phone	
Store Manager			
5. Home Address			
6. City	7. State	8. Zip Code	9. Date of Birth
10. Drivers License/State ID Number		11. Drivers License/State ID State of Issuance	

Part C: Address History

List in chronological order your last two residence addresses within the last 5 years.	
Previous Address 1	
Previous City, State, Zip	Dates (MM/YYYY - MM/YYYY)
Previous Address 2	
Previous City, State, Zip	Dates (MM/YYYY - MM/YYYY)

Part D: Employment History

List in chronological order your last two employers within the last 5 years.	
Employer's Name	
Fortune Fish and Gourmet	
Employer's Address	Dates Employed (MM/YYYY - MM/YYYY)
1929 E 24th St, Minneapolis, MN 55404	08/2021 - 11/2023
Employer's Name	
Fortune Fish and Gourmet	
Employer's Address	Dates Employed (MM/YYYY - MM/YYYY)
1929 E 24th St, Minneapolis, MN 55404	04/2018 - 02/2020

Part E: Criminal History

1. Have you ever been convicted of any offenses (other than traffic offenses unrelated to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? ☐ Yes ☒ No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Trial Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Trial Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses currently pending against you (other than traffic offenses unrelated to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? ☐ Yes ☒ No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part F: Questions

1. Have you lived in any state other than Wisconsin as an adult? If yes, please list them in the space below. If no, continue to question 2. ☒ Yes ☐ No

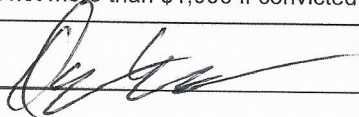
Minnesota and Michigan

2. How long have you continuously lived in Wisconsin prior to the date of application? Years Months
2

3. Do you hold a direct or indirect interest in any alcohol beverage wholesaler or producer (e.g. brewer, brewpub, winery, distillery)? If yes, please explain using the space below. Attach additional sheets as needed. ☐ Yes ☒ No

Part G: Attestation

READ CAREFULLY BEFORE SIGNING: I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature 	Date 01/03/20
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Form AT-103 Instructions

Alcohol Beverage License Application/Supplemental Questionnaire

Who must complete Form AT-103?

All persons involved in the applicant business who are partners of a partnership, officers, directors, managing members, sole proprietors, or agents. These persons must be identified in the schedule for appointment of agent (Form AT-104), original license application (Form AT-106), retail license transfer (Form AT-108) the renewal license application (Form AT-115), or the appointment of successor agent (Form AT-200).

Where do I submit Form AT-103?

Submit this form with Form AT-104, AT-106, AT-108, AT-115, or AT-200 to the clerk of the municipality in which the applicant business is located.

Specific Instructions

Date

- Date the form in the top left corner.

Part A: Premises/Business Information

- Enter the legal business name in box 1. If sole proprietor, enter the individual's first and last name.
- Enter the trade name or "doing business as" name in box 2, if different than the name in box 1.
- Check one entity type in box 3 to indicate how the business is legally organized.

Note: This business information must match the information on the license application (Form AT-106 or AT-115).

Part B: Individual Information

- Provide all requested personal information.
- For box 2: Enter your title or describe your relationship to the business. Examples: President, Treasurer, Director, Chief Financial Officer, Member, Partner, Agent, etc.

Part C: Address History

- List your two most recent addresses within the past five years.

Part D: Employment History

- List your two most recent employers/business ventures within the past five years.

Part E: Criminal History

- Question 1: Disclose any civil or criminal violations of law in any jurisdiction (federal, state, or local ordinance), and include detailed descriptions of any violations of law involving alcohol beverages (OWI, disorderly conduct, etc.).
- Question 2: Disclose any pending charges against you in any jurisdiction and include detailed descriptions of any charges involving alcohol beverages.

Note: Subject to the Wisconsin Fair Employment Law (Ch. 111, Wis. Stats.), persons with convictions or pending charges may, if those offenses are sufficiently relevant, be prohibited from holding a retail alcohol beverage license under sec. [125.04\(5\)\(a\)\(1\)](#) Wis. Stats. See the Department of Revenue's [Permit Predetermination Common Questions](#) for offenses that may prevent someone from holding a license.

Part F: Questions

- Question 4: Wisconsin law generally prohibits businesses and individuals from having an interest in more than one tier of the alcohol beverage industry (production, wholesale, and retail). Disclose whether you hold a direct or indirect interest in any alcohol beverage wholesaler or producer (e.g., brewer, brewpub, winery, distillery).
- Examples of prohibited interest restrictions are described in Administrative Code ([Tax 8.87](#), Wis. Adm. Code).