

Form
AT-200

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

Walgreen Co.

Reason for Cancellation of Appointed Agent

New Agent

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

Signature of President / Member

Date

7/20/23

Section 2: Agent Information and Acknowledgement

Agent Name

Katelin Marie Kaad

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 checked="" type="checkbox"/>	<input 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 Walgreens and assume full responsibility of the conduct of the business relative to fermented malt beverages and intoxicating liquors.

Signature of Agent

Date

7/25/2023

Section 3: Licensing Authority Approval

Municipality Name

Signature of Official

Date

Title of Official

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
KATELYN MARIE		KAAD			
Home Address (street/route)		Post Office		City	
Home Phone Number		Age	Date of Birth	Place of Birth	

The above named individual provides the following information as a person who is (check one):

☐ Applying for an alcohol beverage license as an **Individual**.

☐ A member of a **partnership** which is making application for an alcohol beverage license.

☒ **AGENT** of **WALGREENS #4253**
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

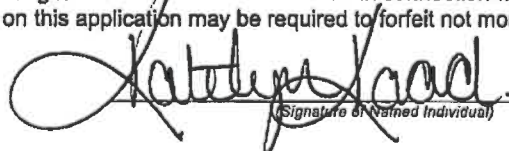
The above named individual provides the following information to the licensing authority:

1. How long have you continuously resided in Wisconsin prior to this date? YES
2. 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 county or municipality? ☐ Yes ☒ No
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
3. 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 county or municipality? ☐ Yes ☒ No
 If yes, describe status of charges pending.
4. Do you hold, 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? ☐ Yes ☒ No
 If yes, identify. (Name, Location and Type of License/Permit)
5. 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 permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? ☐ Yes ☒ No
 If yes, identify. (Name of Wholesale Licensee or Permittee) (Address By City and County)

6. Named individual must list in chronological order last two employers.

Employer's Name GRIFFIN AUTO	Employer's Address MILWAUKEE, WI 11100 W. METRO AUTO MAIL	Employed From 5/2018	To 7/2019
Employer's Name Addison Station	Employer's Address 3022 Addison Rd. HARTFORD, WI 53027	Employed From 8/2009	To 4/2016

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.


(Signature of Named Individual)

Close

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Properties

Name: JPG_certificate.jpg
Type: image/jpeg
Size: ~393 KB

 SERVERlicense.com

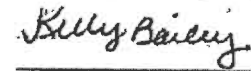
Wisconsin Responsible Beverage Seller/Server Training



has met all training requirements and successfully completed the above course and/or exam.

Certification Number: SL 176734

Date of Completion: 07/17/2023



Authorized Signature

This certificate represents the successful completion of an approved Wisconsin Department of Revenue Responsible Beverage Server Course in compliance with secs. 125.04(5)(a)5., 125.17(6), and 134.66(2m), Wis. Stats. Present this certificate to your local municipal clerk's office to receive your Operator's or Retail license.

Diversys Learning, Inc.
1101 ArrowPoint Drive, Suite 302
Cedar Park, TX 78613