

# The Cheesecake Factory®

February 20<sup>th</sup>, 2023

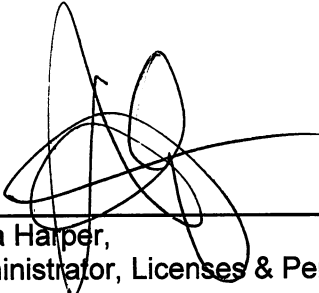
City of Wauwatosa  
7725 West North Avenue  
Wauwatosa, WI 53215

RE: The Cheesecake Factory Change of Agent

This letter is to confirm the change of registered agent for The Cheesecake Factory located at 2350 N. Mayfair Road Wauwatosa, WI 53226 effective today February 20<sup>th</sup>, 2023. We are removing Belinda Stumpf as the current agent and naming Steve Shirvinski as the successor.

If any additional information is needed please contact me at the phone number provided below.

Sincerely,

  
\_\_\_\_\_  
Aliza Harper,  
Administrator, Licenses & Permits

## Appointment of Successor Agent – Permit Holder

Submit this form to the department using the contact information below.

If there is a change in agent, each club, corporation, or limited liability company that holds an alcohol beverage permit issued by the Wisconsin Department of Revenue (the department) where an agent is required to be appointed must appoint a successor agent 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: Permittee Information and Acknowledgement

Permittee Name

THE CHEESECAKE FACTORY RESTAURANTS, INC.

Permit Number (15-Digit Wisconsin Tax Account Number)

456-0000470957-04

Reason for Cancellation of Appointed Agent

Appointed agent left company and is no longer employed

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

David Querten  
Signature of President / Member

2/20/2023  
Date

## Section 2: Agent Information and Acknowledgement

Agent Name

Steve Shirvinski

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? .... (Agents for an out-of-state wine direct shipper are not required to be residents of Wisconsin.)	<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 THE CHEESECAKE FACTORY RESTAURANTS, INC. and assume full responsibility of the conduct of the business relative to fermented malt beverages and intoxicating liquors.

Steve Shirvinski  
Signature of Agent

3/1/23  
Date

## Contact Information

Submit this form to DORExciseTaxpayerAssistsnow@wisconsin.gov or by mail to:

Wisconsin Department of Revenue  
Excise Tax Unit  
PO Box 8900  
Madison, WI 53708-8900

# Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)	(middle name)	
SHIRVINSKI		STEVE	RAY	
Home Address (street/route)	Post Office	City	State	Zip Code
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.

☒ **STEVE SHIRVINSKI, AGENT** of **THE CHEESECAKE FACTORY RESTAURANTS, INC.**

(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? **20 YEARS**

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. **THE CHEESECAKE FACTORY IN MADISON AND MILWAUKEE**

(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	Employer's Address	Employed From	To
THE CHEESECAKE FACTORY	1 W TOWNE MALL MADISON, WI	01/29/2003	
Employer's Name	Employer's Address	Employed From	To

**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.

Steve Shirvinski

(Signature of Named Individual)