

# AT-107a: 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 the President and Secretary or members of limited liability company. The appointment must be approved by the licensing authority.

\_\_\_\_\_ Wisconsin \_\_\_\_\_ 20 \_\_\_\_  
(Municipality) (Date)

1. Name of agent \_\_\_\_\_

- |    | Yes                      | No                       |  |
|----|--------------------------|--------------------------|--|
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | Are you of legal drinking age?   |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | Have you been a resident of Wisconsin for at least 90 continuous days prior to the date of appointment as agent? |
| 4. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been convicted of a federal law violation?   |
| 5. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been convicted of a State law violation?   |
| 6. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been convicted of a Local ordinance violation?   |
| 7. | <input type="checkbox"/> | <input type="checkbox"/> | 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.

\_\_\_\_\_  
(Signature of Agent)

\_\_\_\_\_  
(Address)

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## SUCCESSOR AGENT

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

Name of Permittee \_\_\_\_\_

Date \_\_\_\_\_ 20 \_\_\_\_

By \_\_\_\_\_  
(Signature of President/Member)

\_\_\_\_\_  
(Signature of Secretary/Member)

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

Date \_\_\_\_\_ 20 \_\_\_\_

\_\_\_\_\_  
(Signature of Agent)

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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)