# AFFIDAVIT OF AGENT
# FOR
# CORPORATION/LIMITED LIABILITY COMPANY

Name of Corporation/Limited Liability Company: _____

Address: _____
(Street Address) (City) (State) (Zip)

Telephone No.: _____ Fax No.: _____

I, _____, am the duly appointed agent of the above-entitled
(Agent Name)
Corporation/Limited Liability Company. My appointment as the agent of said Corporation/Limited Liability Company is shown on the properly authorized and executed delegation of said Corporation/Limited Liability Company, which is attached hereto.*

As the agent, I have the full authority and control of the licensed premises located at _____ and as described in said license or permit issued by the
(Address of premises)
City of Shawano, Wisconsin. Further, I have full authority and control of the conduct of all business on the premises relative to alcohol beverages, that the licensee or permitee could have and exercise if it were a natural person.

I will immediately notify the City of Shawano Clerk's Office if my status as the agent of said Corporation/Limited Liability Company is cancelled or if a successor agent has been appointed by said Corporation/Limited Liability Company.

I will notify the City of Shawano Clerk's Office if I resign as the agent of said Corporation/Limited Liability Company with said notice to be given to the City Clerk's Office within 48 hours of my resignation.

Dated this _____ day of _____, _____.

_____
Signature of Agent

Subscribed and sworn to before me
this _____ day of_____, 20____.

_____
_____, Notary Public
Shawano County, Wisconsin
My commission expires _____.

☐ Corporation/Limited Liability Company resolution, bylaw and/or other documentation of appointed agent (attached)*