

Resolution Number \_\_\_\_ for the City of Brookfield, Wisconsin

Resolution Title: Change of Agent for a Class B Beer and Liquor licensed premise – Sonesta International Hotels Corporation, d/b/a: Sonesta Select, 16865 W. Bluemound Road, Agent: Angela M. Cleland

WHEREAS, an applicant, Sonesta Select, 16865 W. Bluemound Road, requested a Change of Agent, in the City of Brookfield, and

WHEREAS the Legislative & Licensing Committee considered the Change of Agent application at its meeting held on October 17, 2023, and recommends \_\_\_\_\_ thereof.

NOW, THEREFORE, BE IT RESOLVED, by the Common Council of the City of Brookfield that it hereby \_\_\_\_\_ a Change of Agent for a Class B Beer and Liquor licensed premise, Sonesta Select, 16865 W. Bluemound Road, Brookfield, Agent: Angela M. Cleland, and

BE IT FURTHER RESOLVED that the proper city official(s) be hereby authorized and directed to carry out the council’s action, including, but not limited to signing documents, implementing technical revisions to documents to effectuate the best interest of the City, and correcting scrivener’s errors.

Adopted this 7<sup>th</sup> of November 2023.

Approved:

Attested:

\_\_\_\_\_  
Mayor Steven V. Ponto

\_\_\_\_\_  
City Clerk Michelle Luedtke

# 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

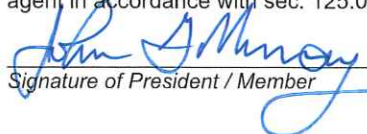
Licensee Name

Sonesta International Hotels Corp dba Sonesta Select Milwaukee Brookfield

Reason for Cancellation of Appointed Agent

Change in Agent

The undersigned appoints Angela Marie Cleland as agent in accordance with sec. 125.04(6), Wis. Stats.

  
Signature of President / Member

Date

## Section 2: Agent Information and Acknowledgement

Agent Name

Angela Marie Cleland

Mailing Address

8907 43rd Avenue

City or Post Office

Kenosha

State

WI

Zip Code

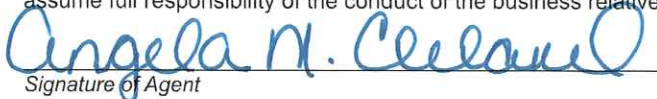
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### Agent Questions

- |   | 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 Sonesta International Hotel Corp dba Sonesta Select Milwaukee Brookfield and assume full responsibility of the conduct of the business relative to fermented malt beverages and intoxicating liquors.

  
Signature of Agent

9/19/2023  
Date

## Section 3: Licensing Authority Approval

Municipality Name

Signature of Official

Date

Title of Official