

**ALCOHOL LICENSE COMMITTEE AGENDA**

February 20, 2017

4:00 PM

**160 S Macy Street**

City-County Government Center

Meeting Room D

Fond du Lac, Wisconsin

**I. ROLL CALL**

**A. Attendance**

**B. Declaration Quorum Present**

**II. CONSENT AGENDA**

**A. Approval of Minutes - January 23, 2017**

**III. INPUT**

**A. Audience Comments**

Presiding officer shall limit comments to items noticed only on the agenda.

**IV. ACTIONS**

**A. "Class A" Intoxicating Liquor and Class "A" Fermented Malt License**

**Limited Liability:** Kwik Trip, Inc

**Agent:** Mary J Reiter

**Agents Address:** 684 Prairie Pkwy, Fond du Lac, WI 54935

**d/b/a:** Kwik Trip 579

**Location of Premises:** 665 W Scott Street

**V. ADJOURN**

**ALCOHOL LICENSE COMMITTEE  
CITY OF FOND DU LAC, WISCONSIN**

Title: Approval of Minutes - January 23, 2017

Subject:

Initiator:

Location:

Recommendation:

**ATTACHMENTS:**

	File Name	Description
📎	01-23-17_ALC_Minutes.pdf	ALC Minutes 01-23-17

**ALCOHOL LICENSE COMMITTEE  
MEETING MINUTES  
CITY OF FOND DU LAC, WISCONSIN  
160 S Macy Street  
Meeting Room D**

January 23, 2017  
4:00 PM

**ROLL CALL**

Attendance

**Present**

Shawn Anhalt  
Peter Doll  
Jacob Lehman  
Brian Kolstad  
Mark Otterstatter  
Travis Vandynhoven

**Absent**

Kerry Ann Strupp

**Administrative Staff**

Deb Hoffmann, City Attorney  
Steve Klein, Asst. Police Chief of Operations

Declaration Quorum Present

Maggie Hefter declared a quorum present.

**ELECTION OF OFFICERS**

Appointment Of Chairperson

A Motion was made by Jacob Lehman to nominate Shawn Anhalt for Chairperson and seconded by Peter Doll, and the motion was **Passed.**

Ayes: Anhalt, Doll, Kolstad, Lehman, Otterstatter, VanDynHoven

Absent: Strupp

Appointment Of Vice-Chairperson

A Motion was made by Shawn Anhalt to nominate Jacob Lehman for Vice-Chairperson and seconded by Peter Doll, and the motion was **Passed.**

Ayes: Anhalt, Doll, Kolstad, Lehman, Otterstatter, VanDynHoven

Absent: Strupp

## CONSENT AGENDA

November 28, 2016 Minutes

A Motion was made by Mark Otterstatter to approve minutes of November 28, 2016 and seconded by Brian Kolstad, and the motion was **Passed**.

Ayes: Anhalt, Doll, Kolstad, Lehman, Otterstatter, VanDynHoven

Absent: Strupp

## INPUT

Audience Comments

Presiding officer shall limit comments to items noticed only on the agenda

**Spoke in favor of Action Item B, Class "B" Fermented Malt & "Class B" Intoxicating Liquor License for d/b/a Two Bucks Grill & Ale House, 65 North Main Street.**

Attorney William Everson, Everson & Gibbs, LLC, 97 South Pioneer Road, Suite 300

## ACTIONS

Class "B" Fermented Malt & "Class C" Wine License

**Limited Liability:** The Noodle Shop, Co.

**Agent:** Derek Runge

**Address:** 618 McKinley St, Neenah, WI 54956

**d/b/a:** Noodles & Company

**Location of Premises:** 729 W Johnson St

A Motion was made by Jacob Lehman to approve Class "B" Fermented Malt & "Class C" Wine License for d/b/a Noodles & Company, 729 West Johnson Street and seconded by Shawn Anhalt, and the motion was **Passed**.

Ayes: Anhalt, Doll, Kolstad, Lehman, Otterstatter, VanDynHoven

Absent: Strupp

Class "B" Fermented Malt & "Class B" Intoxicating Liquor License

**Limited Liability Co:** 65 N Main Pub, LLC

**Agent Name:** Bryan Perl

**Agent Address:** 463 Cedar St, Fond du Lac, WI

**d/b/a:** 65 N Main St

**Location of Premises:** 65 N Main St

A Motion was made by Brian Kolstad to approve Class "B" Fermented Malt & "Class B" Intoxicating Liquor License for d/b/a Two Bucks Grill & Ale House, 65 North Main Street and seconded by Shawn Anhalt, and the motion was **Passed.**

Ayes: Anhalt, Doll, Kolstad, Lehman, Otterstatter, VanDynHoven

Absent: Strupp

#### **ADJOURN**

A Motion was made by Peter Doll to adjourn at 4:15 p.m. and seconded by Mark Otterstatter, and the motion was **Passed.**

Ayes: Anhalt, Doll, Kolstad, Lehman, Otterstatter, VanDynHoven

Absent: Strupp

**ALCOHOL LICENSE COMMITTEE  
CITY OF FOND DU LAC, WISCONSIN**

Title: "Class A" Intoxicating Liquor and Class "A" Fermented Malt License

Subject: **Limited Liability:** Kwik Trip, Inc  
**Agent:** Mary J Reiter  
**Agents Address:** 684 Prairie Pkwy, Fond du Lac, WI 54935  
**d/b/a:** Kwik Trip 579  
**Location of Premises:** 665 W Scott Street

Initiator:

Location:

Recommendation:

**ATTACHMENTS:**

	File Name	Description
📎	Kwik_Trip_ALC_Memo.pdf	Memo
📎	KWIK_TRIP_Redacted.pdf	Application

# ***CITY OF FOND DU LAC - Memorandum***

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## **City Clerk's Office**

**Date:** January 10, 2017  
**To:** Alcohol License Committee  
**From:** Maggie Hefter, City Clerk  
**Re:** 2017 Class "A" Fermented Malt Beverage & "Class A" Liquor Application

### **CLASS "A" FERMENTED MALT BEVERAGE & "CLASS A" LIQUOR:**

**Limited Liability:** Kwik Trip, Inc.  
**Agent:** Mary J Reiter  
**Agent Address:** 684 Prairie Pkwy  
Fond du Lac, WI, 54935  
**d/b/a:** Kwik Trip 579  
**Location of Premises:** 665 W Scott St

## Fond du Lac City Police Department



# Memo

**To:** City Manager Moore

**From:** Chief Lamb

**Date:** 02-15-17

**Re:** Proposed Class A Combination License for Kwik Trip Store (#579) 665 W Scott Street (former Scott St. Shell)

On February 15, 2017, Assistant Chief Klein, met with the listed applicant Mary Reiter who is the Manager of the new Kwik Trip Store located at 665 W Scott St regarding their request for a Class A Intoxicating Liquor and Fermented Malt Beverage license for the above location.

Kwik Trip Inc. will be opening a new store location at the end of February at the site of the former Scott St Shell. This license request will allow Kwik Trip to sell a selection of fermented malt beverages for carry out purposes.

Kwik Trip Inc. has operated six other stores in the City of Fond du Lac for many years with no concerns noted by law enforcement. Ms. Reiter stated that all of their registers will have ID scanning software to ensure those who are purchasing alcohol are age 21 or over. In addition, the "beer cave cooler" where the licensed products will be sold, have built in timers that automatically lock between the hours of 9 p.m. and 8 a.m. and the registers have built in timers that automatically will not permit alcohol sales to take place between the hours of 9 p.m. and 8 a.m. which is the time frame that Class A establishments are prohibited from selling alcohol beverages in accordance with Fond du Lac City Ordinance. In addition, the corporation also conducts its own ID spot checks of its stores every 2-months.

Ms. Reiter will be the listed agent for this location. She has been a licensed agent at other Kwik Trip locations with no concerns noted.

Background checks were conducted on Ms. Reiter and the Officers of Kwik Trip Inc., both in-house and NCIC/CIB. There is nothing in the applicants' backgrounds that would preclude them from obtaining the requested license. The Police Department has no objections to the approval of the proposed license.





Legal

PHONE 608-781-8988

FAX 608-793-6120

VIA UPS

1626 Oak St., P.O. Box 2107

La Crosse, WI 54602

[www.kwiktrip.com](http://www.kwiktrip.com)

January 4, 2017

Ms. Maggie Hefter, City Clerk  
City of Fond du Lac  
County Government Center  
P.O. Box 150  
Fond du Lac, WI 54936-0150

RE: Kwik Trip 579  
665 W. Scott St.

Dear Maggie:

We purchased the Scott Street Shell Station and are remodeling the building. Construction began October 31, 2016 and is scheduled to be completed February 17, 2017 with the store to open the following week.

We would like to apply for off-sale beer, liquor, cigarette, loud speaker and soda permits for this store location. Enclosed please find completed application forms and accompanying documentation. Also enclosed is a check to cover the license and publication fees. I respectfully request that you put this on the agenda of your City Council meeting for consideration.

I will call you in a couple of days to confirm that you have everything you need. Please contact me at (608) 793-6262 or [dhafner@kwiktrip.com](mailto:dhafner@kwiktrip.com) if you require anything in the meantime. Thank you in advance for your assistance with this matter.

Yours truly,

Deanna Hafner  
Licensing Agent

Enclosures

# ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning FEBRUARY 20, 20 17  
ending JUNE 30, 20 17

TO THE GOVERNING BODY of the: ☐ Town of }  
☐ Village of } FOND DU LAC  
☒ City of }

County of FOND DU LAC Aldermanic Dist. No. \_\_\_\_\_ (if required by ordinance)

1. The named ☐ INDIVIDUAL ☐ PARTNERSHIP ☐ LIMITED LIABILITY COMPANY  
☒ CORPORATION/NONPROFIT ORGANIZATION

hereby makes application for the alcohol beverage license(s) checked above.

2. Name (individual/partners give last name, first, middle; corporations/limited liability companies give registered name): KWIK TRIP, INC.

1626 OAK ST., PO BOX 2107, LA CROSSE, WI 54602-2107

An "Auxiliary Questionnaire," Form AT-103, must be completed and attached to this application by each individual applicant, by each member of a partnership, and by each officer, director and agent of a corporation or nonprofit organization, and by each member/manager and agent of a limited liability company. List the name, title, and place of residence of each person.

Title	Name	Home Address	Post Office & Zip Code
President/Member	<u>PRESIDENT</u>	<u>DONALD P. ZIETLOW</u>	<u>2802 BERGAMOT PL. ONALASKA, WI 54650</u>
Vice President/Member			
Secretary/Member	<u>ASST SEC</u>	<u>MARK S. ZIETLOW</u>	<u>1301 7TH ST. SW ROCHESTER, MN 55902</u>
Treasurer/Member	<u>ASST SEC</u>	<u>JEFFREY J. WROBEL</u>	<u>3633 BENTWOOD PL. LA CROSSE, WI 54601</u>
Agent	<u>AGENT</u>	<u>MARY J. REITER</u>	<u>684 PRAIRIE PKWY. FOND DU LAC, WI 52270</u>
Directors/Managers	<u>DONALD P. ZIETLOW AND STEVEN D. ZIETLOW</u>		

3. Trade Name KWIK TRIP 579 Business Phone Number 920-923-0773

4. Address of Premises 665 W. SCOTT ST. Post Office & Zip Code FOND DU LAC, 54937

5. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? ☐ Yes ☒ No
6. Is the applicant an employee or agent of, or acting on behalf of anyone except the named applicant? ☐ Yes ☒ No
7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? ☐ Yes ☒ No
8. (a) **Corporate/limited liability company applicants only:** Insert state WISCONSIN and date 10/07/64 of registration.  
(b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? ☐ Yes ☒ No  
(c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? Please see enclosed list ☒ Yes ☐ No  
(NOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 above.)

9. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) ONE-STORY FRAME CONSTRUCTION WITH STORAGE IN LOCKABLE

10. Legal description (omit if street address is given above): WALK-IN COOLER AND CABINET.

11. (a) Was this premises licensed for the sale of liquor or beer during the past license year? ☐ Yes ☒ No  
(b) If yes, under what name was license issued?

12. Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630.5) before beginning business? [phone 1-800-937-8864] ☒ Yes ☐ No

13. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☒ Yes ☐ No

14. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s). If granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.) Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

## SUBSCRIBED AND SWORN TO BEFORE ME

this 4th day of January, 20 17

Melissa Harkes  
(Clerk/Notary Public)

My commission expires 1-9-18

[Signature]  
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)

[Signature]  
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner)

(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

## TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>01/10/17</u>	Date reported to council/board <u>02/22/17</u>	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

**SCHEDULE FOR APPOINTMENT OF AGENT BY CORPORATION/NONPROFIT  
ORGANIZATION OR LIMITED LIABILITY COMPANY**

Submit to municipal clerk.

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by the officer(s) of the corporation/organization or members/managers of a limited liability company and the recommendation made by the proper local official.

To the governing body of: ☐ Town ☐ Village ☐ City of City of Fond du Lac County of Fond du Lac

The undersigned duly authorized officer(s)/members/managers of Kwik Trip, Inc.  
(registered name of corporation/organization or limited liability company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as

Kwik Trip 579

(trade name)

located at 665 W. Scott St., Fond du Lac, WI 54937

appoints Mary J. Reiter  
(name of appointed agent)

684 Prairie Pkwy., Fond du Lac, WI 52270

(home address of appointed agent)

to act for the corporation/organization/limited liability company with full authority and control of the premises and of all business relative to alcohol beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation/organization/limited liability company having or applying for a beer and/or liquor license for any other location in Wisconsin?

☐ Yes ☒ No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).

Is applicant agent subject to completion of the responsible beverage server training course? ☐ Yes ☒ No Since 2003  
How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin?

Place of residence last year 684 Prairie Pkwy., Fond du Lac, WI 52270

For: Kwik Trip, Inc.  
(name of corporation/organization/limited liability company)

By: [Signature]  
(signature of Officer/Member/Manager)

And: [Signature]  
(signature of Officer/Member/Manager)

**ACCEPTANCE BY AGENT**

I, Mary J. Reiter, hereby accept this appointment as agent for the  
(print/type agent's name)

corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company.

684 Prairie Pkwy., Fond du Lac, WI 52270

(home address of agent)

12/21/16  
(date)

Agent's age

Date of birth

**APPROVAL OF AGENT BY MUNICIPAL AUTHORITY**  
(Clerk cannot sign on behalf of Municipal Official)

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, the character, record and reputation are satisfactory and I have no objection to the agent appointed.

Approved on 02/15/17 by [Signature] Title ASST. POLICE CHIEF  
(date) (signature of proper local official) (town chair, village president, police chief)

**AUXILIARY QUESTIONNAIRE  
ALCOHOL BEVERAGE LICENSE APPLICATION**

Submit to municipal clerk.

WI Dr. Lic. # Z340-1953-4444-01

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Zietlow		Donald		Paul	
Home Address (street/route)		Post Office	City	State	Zip Code
2802 Bergamot Pl.		Onalaska		WI	54650
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.
- ☒ **President** of **Kwik Trip, 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? All my life.
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.)  
**Please see reverse**
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	Employer's Address	Employed From	To
Kwik Trip, Inc.	1626 Oak St., La Crosse, WI 54601	9/1/89	Present
Employer's Name	Employer's Address	Employed From	To
Gateway Foods	La Crosse, WI	1963	1989

The undersigned, being first duly sworn on oath, deposes and says 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.

Subscribed and sworn to before me

this 4th day of January, 2017  
Rebecca Haffke  
(Clerk/Notary Public)

My commission expires 1-9-18

Donald Paul  
(Signature of Named Individual)



**AUXILIARY QUESTIONNAIRE  
ALCOHOL BEVERAGE LICENSE APPLICATION**

MN Dr. Lic. #X242-7278-4606

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Zietlow		Mark		Scott	
Home Address (street/route) 1301 7 <sup>th</sup> St. SW		Post Office		City Rochester	State MN
				Zip Code 55902	
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.
- ☒ **Assistant Secretary** of **Kwik Trip, 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? **N/A**
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 <b>Mayo Clinic</b>	Employer's Address <b>200 1<sup>st</sup> St. SW, Rochester, MN 55905</b>	Employed From <b>June 2008</b>	To <b>July 2008</b>
Employer's Name <b>MN State Referee Committee</b>	Employer's Address <b>National Sports Center, Blaine, MN 55449</b>	Employed From <b>June 2004</b>	To <b>August 2006</b>

The undersigned, being first duly sworn on oath, deposes and says 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.

Subscribed and sworn to before me

Notary Public this 5<sup>th</sup> day of January, 20 14  
Deanna Adams  
(Clark/Notary Public)

My commission expires 1-9-18

Mark S. Zietlow  
(Signature of Named Individual)



WI Dr. Lic. #W614-4306-0256-09

Individual's Full Name (please print)		(last name)		(first name)		(middle name)	
Wrobel		Jeffrey		James			
Home Address (street/route)		Post Office		City		State	Zip Code
3633 Bentwood Pl.				La Crosse		WI	54601
Home Phone Number		Age		Date of Birth		Place of Birth	

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

**All my life**

1. How long have you continuously resided in Wisconsin prior to this date? \_\_\_\_\_

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	Employer's Address	Employed From	To
Rau Corporation	600 Sumner, La Crosse, WI 54601	1983	1988
Employer's Name	Employer's Address	Employed From	To

Subscribed and sworn to before me  
 this 14th day of January, 20 17  
Deanne Haskins  
 (Clerk/Notary Public)  
 My commission expires 4-9-18



Printed on  
Recycled Paper

**AUXILIARY QUESTIONNAIRE  
ALCOHOL BEVERAGE LICENSE APPLICATION**

WI Dr. Lic. #R360-5906-1181-01

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Reiter		Mary		Jo	
Home Address (street/route) 684 Prairie Pkwy.		Post Office Fond du Lac	City	State WI	Zip Code 52270
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 **Kwik Trip, 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? **Since 2003**
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 Coach House-Gold Crown Hallmark	Employer's Address 835 W Johnson St, Fond du Lac, WI	Employed From 10/11	To 5/12
Employer's Name The Knitting Room	Employer's Address 28 N Main St, Fond du Lac, WI	Employed From 3/06	To 10/11

The undersigned, being first duly sworn on oath, deposes and says 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.

Subscribed and sworn to before me

this 29 day of December, 2016  
Timothy M Muelkenbach  
(Clerk/Notary Public)

My commission expires 12/29/2017

Mary J. Reiter  
(Signature of Named Individual)

Mary J. Reiter



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Wisconsin Department of Revenue





WISCONSIN DEPARTMENT OF REVENUE  
PO BOX 8902  
MADISON, WI 53708-8902

**Contact Information:**

2135 RIMROCK RD PO BOX 8902  
MADISON, WI 53708-8902  
ph: 608-266-2776 fax: 608-264-6884  
email: DORBusinessTax@wisconsin.gov  
website: revenue.wi.gov

Letter ID L0390977760

ATTN DEANNA HAFNER  
KWIK TRIP, INC.  
PO BOX 2107  
LA CROSSE WI 54602-2107

## Wisconsin Department of Revenue Seller's Permit

**Legal/real name:** KWIK TRIP, INC.  
**Business name:** KWIK TRIP 579  
665 W SCOTT ST  
FOND DU LAC WI 54937-2006

- This certificate confirms you are registered with the Wisconsin Department of Revenue and authorized in the business of selling tangible personal property and taxable services.
- You may not transfer this permit.
- This permit must be displayed at the place of business and is not valid at any other location.
- If your business is not operated from a fixed location, you must carry or display this permit at all events.

<b>Tax Type</b>	<b>Account Type</b>	<b>Account Number</b>
Sales & Use Tax	Seller's Permit	456-0000287614-03



