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

- 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

<u>Title:</u> Approval of Minutes - January 23, 2017

<u>Subject:</u>

<u>Initiator:</u>

Location:

Recommendation:

ATTACHMENTS:

File Name

D 01-23-17_ALC_Minutes.pdf

Description 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

<u>Present</u>

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

<u>Absent</u>

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

- <u>Title:</u> "Class A" Intoxicating Liquor and Class "A" Fermented Malt License
- Subject:Limited Liability: Kwik Trip, IncAgent: Mary J ReiterAgents Address:684 Prairie Pkwy, Fond du Lac, WI54935d/b/a: Kwik Trip 579Location of Premises:665 W Scott Street

<u>Initiator:</u>

Location:

Recommendation:

ATTACHMENTS:

File Name

Kwik_Trip_ALC_Memo.pdf

▶ KWIK_TRIP_Redacted.pdf

Description

Memo Application

CITY OF FOND DU LAC - Memorandum

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





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 inhouse 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.

KWIK TRIP

PHONE 608-781-8988 FAX 608-793-6120

1626 Oak St., P.O. Box 2107 La Crosse, WI 54602 www.kwiktrip.com

VIA UPS

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 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	Applicant's WI Seller's Permit No.: FEIN Number:
Submit to municipal clerk.	456000028761403 39-1036365
For the license period beginning FEBRUARY 20, 20 17	LICENSE REQUESTED
	Class A beer \$ 120.00
ending JUNE 30, 20 17	Class B beer \$
Town of	Class C wine
TO THE GOVERNING BODY of the: 🗌 Village of 🏅 FOND DU LAC	Class A liquor \$ 250.00
City of	Class A liquor (cider only) \$ N/A
— ,	Class B liquor \$
County of FOND DU LAC Aldermanic Dist. No. (if required by ordinance)	Reserve Class B liquor \$
	Class B (wine only) winery \$
1, The named 🔲 INDIVIDUAL 📋 PARTNERSHIP 🔲 LIMITED LIABILITY COMPANY	Publication fee \$.55.20
CORPORATION/NONPROFIT ORGANIZATION	
hereby makes application for the alcohol beverage license(s) checked above.	TOTAL FEE \$ 405.00
2. Name (individual/partners give last name, first, middle; corporations/limited liability companies give reg	istered name): <u>KWIK TRIP, INC.</u>
1626 OAK ST., PO BOX 2107, LA CROSSE, WI 54602-2107	
President/Member PRESIDENT DONALD P. ZIETLOW 2802 BE	n by each Individual applicant, by each member of a and by each member/manager and agent of a limited ne Address Post Office & Zip Code RGAMOT PL. ONALASKA, WI 54650
Vice President/Member	a state and the state of the st
	TH ST. SW ROCHESTER, MN 55902
Treasurer/Member ASST SEC JEFFREY J. WROBEL 3633 BEN	WOOD PL. LA CROSSE, WI 54601
Agent 🖢 AGENT MARY J. REITER 684 PRAIRI	E PKWY. FOND DU LAC, WI 52270
Directors/Managers DONALD P. ZIETLOW AND STEVEN D. ZIETLOW	
	Phone Number 920-923-0773
4. Address of Premises > 665 W. SCOTT ST. Post Offic	e & Zip Code 🕨 FOND DU LAC, 54937
5. Is individual, partners or agent of corporation/limited liability company subject to completion of the resp	oonsible beverage server
training course for this license period?	Yes ⊻ No
6. Is the applicant an employe 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 da	te $\frac{10/07/64}{000000000000000000000000000000000000$
(b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited lia	
(c) Does the corporation or any officer, director, stockholder or agent or limited liability company, or a	ny member/manader or
agent hold any interest in any other alcohol beverage license or permit in Wisconsin? Please s	ee enclosed list Ves No
(NOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 ar	nd 8 above.)
 Premises description: Describe building or buildings where alcohol beverages are to be sold and store all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcoh may be sold and stored only on the premises described.) ONE-STORY FRAME CONSTRUCT 	ol beverages and records. (Alcohol beverages TION WITH STORAGE IN LOCKABLE
10. Legal description (omit if street address is given above): WALK-IN COOLER AND CABIN	
 (a) Was this premises licensed for the sale of liquor or beer during the past license year?	
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]	Ves 🗌 No
13. Does the applicant understand they must hold a Wisconsin Seller's Permit?	Yes No
[phone (608) 266-2776]	salers breweries and brewpubs?
14. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin whole	
READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above quedge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/m access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refus	conferred by the license(s), if granted, will not be assigned to anagers of Limited Liability Companies must sign.) Any lack of
SUBSCRIBED AND SWORN TO BEFORE ME	01
this 44427 day of lana area ,20	INKA
Wearing Harks	Member/Manager of Emiled Liability Company/Partner/Individual)
(Clerk/Nollagy Public) (Officer of Corpor My commission expires 1-9-15	ation/Method/Manager of Umited Liability Company/Partner) er(s)/Member/Manager of Umited Liability Company if Any)
	erformentionmentages of children country company in rest
TO BE COMPLETED BY CLERK Date received and filed , , , Date reported to council/board Date provisional license issued	Signature of Clerk / Deputy Clerk
Date received and filed Date reported to council/board Date provisional license issued with municipal clerk 01/10/17 Date source Date provisional license issued Date license granted iDate license issued License number issued	aigt aint a prior to a pair to dair.

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

Submit to municipal clerk.

of the corpo local official.	pration/organizat	ion or members	s/managers of a limited	liability company	and the reco	nt must be signed by the officer(s) mmendation made by the proper
iucai official.		Town	City of Fond du	Las		Fault de Lea
To the gover	ming body of:	Village (City	City of Fond du	Lac	County of	Fond du Lac
The undersig	gned duly autho		nembers/managers of _	Kwik Tr	ip, Inc.	nization or limited liability company)
a corporation	n/organization or	limited liability o	ompany making applicat Kwik Trip		beverage licen	se for a premises known as
		665 V	(trade na N. Scott St., Fond o	ame)	37	
located at	Mon	Andrew Schemeler and American Article and American		10 600, 111 040		
appoints	wiary	J. Reiter	(none of open	interd an amb		
	684 P	rairie Pkwv	(name of appoi			
			(home address of a			
to alcohol be	everages conduc	ted therein. Is a	liability company with fu pplicant agent presently or applying for a beer and	acting in that capa	acity or reques	mises and of all business relative ting approval for any corporation/ ocation in Wisconsin?
Yes	🕅 No If so	, indicate the cor	porate name(s)/limited li	ability company(ie	s) and municip	ality(ies).
le oppligant c		normalation of the			a []].	
			e responsible beverage s			Since 2003
How long im	imediately prior ti	o making this ap	plication has the applica	nt agent resided or	ontinuously in V	Misconsin?
Place of resi	idence last year	684 Prairi	ie Pkwy., Fond du l	Lac, WI 52270		
	For:	Kwik Trip	, Inc.			
	By:		O. IAK	perstion/arganization/li		panγ)
	And:		Mary J.	gratule of Officer/Nem gnature of Officer/Mem		
			4005071.005	BYAGENT		
			AUCEPIANCE			
l,		Mary J. Reite	er		hereby accept	this appointment as agent for the
corporation/c	organization/limi	<i>(print/type ege</i> ted liability com	er nt's name)	responsibility for t on/limited liability	the conduct of company.	this appointment as agent for the all business relative to alcohol
l, corporation/c beverages po		<i>(print/type ege</i> ted liability com	er nt's name) pany and assume full (responsibility for t on/limited liability of 12/21/10	the conduct of company.	
	onducted on the	ted liability com premises for the	er mt's name) pany and assume full i e corporation/organizatio	responsibility for t on/limited liability	the conduct of company.	all business relative to alcohol Agent's age
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684 Pra	infuncted on the (signature) ((print/type) ge ted liability com premises for the peture of agent) ond du Lac, (home a APPR (Clen necked municipa	er mt's name) pany and assume full i e corporation/organization WI 52270 iddress of egent) ROVAL OF AGENT BY I rk cannot sign on beha I and state criminal reco stractory and I have no o WI WI DUCL	responsibility for to on/limited liability (2/21/10 (date) MUNICIPAL AUTI alf of Municipal O ords. To the best o	the conduct of company.	all business relative to alcohol Agent's age Date of birth

Submit to municipal clerk.

WI Dr. Lic. # Z340-1953-44	444-01
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Individual's Full Name (please print)	(last namə)	(firs	(name)	(m	iddie name)		-
	Zietlow	Do	onald	P	aul		
Hame Address (street/route)		Post Office	City	St	ate Zīp	Code	
2802 Bergamot Pl.		Onalaska		N	/1 5	4650	
Home Phone Number		Age	e Date of Birth	Pli	ace of Birth		
The above named individual p	INSPESSING ICH			K 101001			5.4
Applying for an alcohol be			x porosti nito io fonos				
A member of a partnersh	-		stoopol heverage (in	Anca			
President	ip writer is the	of		wik Trip, Inc.			
(Officer/Director/Memb	er/Manager/Agent)	VI		miled Liablity Company or	Nonprofit Org	anizellon)	
which is making application	on for an alcoh	ol beverage license.					
0.11			a				
The above named individual p				All my life			
1. How long have you continu							
2. Have you ever been convi-							
violation of any federal law					unty		
or municipality?					******	. X Yes	
If yes, give law or ordinand	e violated, tria	al court, trial date and p	penalty imposed, and	/or date, description	n and		
status of charges pending.	(if more room	is needed, continue on re	everse side of this form.))			
Please see reverse				····			
3. Are charges for any offens							
for violation of any federal							
municipality?			,			. Yes	X N
If yes, describe status of c							
4. Do you hold, are you make	ing application	i for or are you an offic	er, director or agent c	of a corporation/ner	iprofit		
organization or member/m	anager/agent	of a limited llability cor	mpany holding or app	lying for any other	alcohol		×r.
beverage license or permi						. Yes	1
If yes, identify.							
		(Name,	Localion and Type of License.	/Pemil)	annan an tao		
5. Do you hold and/or are yo	u an officer, di	irector, stockholder, ag	ent or employe of an	y person or corpora	ation or		
member/manager/agent o							
brewery/winery permit or						. TYes	
lf yes, identify.						<u> </u>	
			•				
	(Nama of Whol	lesale Licensee or Permittee)		(Apidrese R	y City and Col	untel	

Employer's Name	Employer's Address	Employed From	Ta
Kwik Trip, Inc.	1626 Oak St., La Crosse, WI 54601	9/1/89	Present
Employer's Namo	Employer's Address	Employed From	Ţa
Gateway Foods	La Crosse, WI	1963	1989

The undersigned, being first duly swom 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 day of i De Eignature ortvartes ifativis 172 2 N. 18 C. (ClanV/Notary Public) My commission expires Printed on Recycled Paper Wisconsin Department of Revenue AT-103 (R. 8-11)

Individual's Full Name (please print)	(last name)		(first name)			(middle na	ame)	
	Zietlow		Mark			Scott	t	
Home Address (street/route) 1301 7 th St. SW		Post Office		city Rochester		State MN	Zip Code 55902	
Home Phane Number		1	Age	Date of Birth		Place of E	Birth	
The above named individual p			as a perso	on who is (check on	e):			
Applying for an alcohol b								
A member of a partners	hip which is ma	aking application for	an alcoh					
X Assistant Sec		of		K	wik Trip,	Inc.		
(Officer/Director/Mem			(Nar	ne of Corporation, Limited	Liability Company	y or Nonprot	n Organizetton)	
which is making applicati	on for an alcol	nol beverage license	÷.					
The above named individual	provides the fo	llowing information t	to the lice	nsing authority:				
1. How long have you contin	uousiv resided	l in Wisconsin prior t	to this dat	ie?	N/A			
1. How long have you contain	icted of any of	fenses (other than to	affic unre	lated to alcohol be	verages) for			
) Have you ever heer conv	icica or any on	former former and		5 - 4 1 ¹	aces of only	county		
 Have you ever been conv violation of any federal lay 	ve any Miscor	nsin laws, any laws o	of any oth	er states or orgina	nces of any			
 Have you ever been conv violation of any federal lay 	vs, any Wiscor	nsin laws, any laws o	of any oth	er states or orgina	nces of any	Country	Yes	XI
violation of any federal law							Yes	XI
violation of any federal law or municipality? If yes, give law or ordinan	ce violated, tria	al court, trial date an	id penalty	imposed, and/or c			Yes	XI
violation of any federal law	ce violated, tria	al court, trial date an	id penalty	imposed, and/or c			Yes	X I
violation of any federal law or municipality? If yes, give law or ordinan status of charges pending	ce violated, tria	al court, trial date an Is needed, continue of	d penalty n reverse :	imposed, and/or c side of this form.)	date, descrip	tion and		X
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The undersigned, being first duly swom 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	and the state of a strength of the state of the		
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Notary Public this 5 day of Caneles lef	4 . 20 / C	nall	
mommon Silauna Stort	H C P		
(Clark/Notary Public) //	<u> </u>		e of Named Individual
	9-1K:	Mark S. Zietlow	
My commission expires	1.10.	PP 3 20	
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AT-103 (R. 8-11)	10. 10.		
		- Ber	

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

ndividual's Full Name (please print)	(last name)	(first name)		(middi	ie name)	ł
	Wrobel	Jeffrey		Jar	nes	
Home Address (street/route) 3633 Bentwood PI.	Post Offi		_a Crosse	State WI	Zip Code 54601	
Home Phane Number		Age Dat	e of Birth	Place	of Birth	
TRUE FIGHE MONDER		Et ide - Ferrie		11 follow		
The above named Individual pro	vides the following in	nformation as a person v	who is (check one):			
Applying for an alcohol beve	erage license as an i	individual.				
A member of a partnership	which is making app	plication for an alcohol b	peverage license.			
X Assistant Secre	etary /Manager/Agent)	Of(Name of	d Corporation, Limited Lia	Kwik Trip	profit Organization)	
which is making application	for an alcohol bever	rage license,				
			na nuth naite a			
The above named individual pro				ll my life		
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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

they, day of Notary Public this · U 11 e of Named Indiv /Clerk/Notary Pul Jeffrey J. Wrobel My commission expires - Souther Printed on Recycled Paper Wisconsin Department of Revenue AT-103 (R. 8-11)

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

tividual's Full Name (please print) (last name)	(first nai	ne)	(I	middle nan	ne)	
Reiter	Mary			Jo		
ome Address (street/route) 684 Prairie Pkwy.	Post Office Fond du Lac	City		State WI	Zip Code 52270	
me Phone Number	Age	Date of Birth	F	Place of Bir	th	
e above named individual provides the f		rson who is (check o	xne):			
Applying for an alcohol beverage licen						
A member of a partnership which is n	naking application for an alc	ohol beverage licen	se.			
Agent	of	Kwik Ti	rip, Inc.			
(Officer/Director/Member/Manager/Agen		(Name of Corporation, Limite	ed Liability Company o	v Nonprohi (Organization	
which is making application for an alco	hol beverage license.					
e above named individual provides the f	ollowing information to the I	icensing authority:		•		
How long have you continuously reside			Since 2003	3		
Have you ever been convicted of any o	ffenses (other than traffic ur	pretated to alcohol b	everages) for			
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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

ecem 20 16 this day of M unth 11:14 201

My commission expires 12/29

Mary J. Reiter

Printed on Recycled Paper

Wisconsin Disparament of Revenue

AT-103 (R. 8-11)

TIMOTHY M MUELLENBACH	
Notary Public State of Wisconsin	
Admin	



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.

Tax Type

Account Type

Account Number

Sales & Use Tax

Seller's Permit

456-0000287614-03

