City of Stoughton, 381 E. Main Street, Stoughton, WI 53589

ROLUTION OF THE COMMON COUNCIL			
Authorizing and directing the proper city official(s) to appoint Scott Galston as the agent for Kwik Trip #739 located at 517 W. Main Street			
Committee Action:	Public Safety Committee approved 4-0 with the Mayor voting on February 28, 2018		
Fiscal Impact:	N/A		
File Number:	R-47-2018	**Date Introduced:**	March 13, 2018

The City of Stoughton, Wisconsin, Common Council does proclaim as follows:

WHEREAS the City Clerk's office has received a Schedule for Appointment of Agent and Auxiliary Questionnaire for the appointment of Scott Galston, new agent at Kwik Trip #739, and

WHEREAS, your Public Safety Committee met on February 28, 2018 to consider the terms of the Schedule for Appointment of Agent & Auxiliary Questionnaire application and upon recommendation from the Public Safety Committee, recommends approval, now therefore

BE IT RESOLVED the Common Council of the City of Stoughton that the proper city official(s) be hereby directed and authorized to appoint Scott Galston as the agent for Kwik Trip #739

Council Action: ☐ **Adopted** ☐ **Failed** **Vote** _____

Mayoral Action: ☐ **Accept** ☐ **Veto**

_____

Donna Olson, Mayor Date

Council Action: _____ ☐ **Override** **Vote** _____

KWIK TRIP INC.

RECEIVED
FEB 07 2018
By

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

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

January 29, 2018

Ms. Kelli Krcma, Deputy Clerk
City of Stoughton
381 E. Main Street
Stoughton, WI 53589

RE: Appointment of Agent Change
Kwik Trip 739
517 W. Main St.

Dear Kelli:

Recently a new manager was reported. Scott Galston has been assigned to take over leadership responsibilities of our Kwik Trip 739 convenience store located in the City of Stoughton. Therefore, we would like to appoint Scott as the new agent of the store.

Enclosed, please find the completed Appointment of Agent and Auxiliary Questionnaire forms reflecting this change. I respectfully request that you please include this item on the agenda of your next City council meeting for consideration.

Please contact me at (608) 791-7385 or GHolthaus@kwiktrip.com if you require any further information. Thank you for your assistance with this matter.

Yours truly,

Gena Holthaus

Gena Holthaus
Licensing Agent

Enclosures

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 Stoughton** County of **Dane**

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 739
(trade name)

located at **517 W. Main St., Stoughton, WI 53589**

appoints **Scott A. Galston**
(name of appointed agent)

[redacted]
(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

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? **Since 1991**

Place of residence last year [redacted]

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, **Scott A. Galston**, 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.

X [signature] *(signature of agent)* *(date)* Agent's age **53**

[redacted] Date of birth [redacted]
(home address of agent)

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 2-14-18 *(date)* by [signature] *(signature of proper local official)* Title Chief of Police *(town chair, village president, police chief)*

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 processsing fee due with this form. The following questons must be answered by the Agent. The appointment must be signed by the President and Secretary or members of limited liability company. The apppointment must be approved by the licensing authority.

City of Stoughton (Municipality) Wisconsin 1/24 (Date) 20 18

1. Name of agent Scott Allen Galston

	Yes	No	
2.	☑	☐	Are you of legal drinking age?
3.	☑	☐	Have you been a resident of Wisconsin for at least 90 continuous days prior to the date of appointment as agent?
4.	☐	☒	Have you ever been convicted of a federal law violation?
5.	☐	☒	Have you ever been convicted of a State law violation?
6.	☐	☒	Have you ever been convicted of a Local ordinance violation?
7.	☑	☐	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.

X _____ (Signature of Agent)

SUCCESSOR AGENT

The undersigned appoints Scott A. Galston as agent in accordance with sec. 125.04(6), Wis. Stats.

Name of Permittee Donald P. Zietlow, President, Kwik Trip, Inc.

Date 2/2 20 18

By _____ (Signature of President/Member)

_____ (Signature of ~~Secretary~~/Member) Treasurer

I hereby accept appointment as agent for Kwik Trip, Inc. dba Kwik Trip 739 and assume full responsibility or the conduct of the business relative to fermented malt beverages and intoxicating liquors.

Date 1/24 20 18

X _____ (Signature of Agent)

THE AGENT APPOINTED ABOVE MUST BE APPROVED BY THE LICENSING AUTHORITY TO BE EFFECTIVE. (See sec. 125.04(6), Wis. Stats.)

_____ (Municipality) WI _____ (Date) 20 ____

_____ (Signature of Official)

_____ (Title)

AUXILIARY QUESTIONNAIRE
ALCOHOL BEVERAGE LICENSE APPLICATION

WI Dr. Lic. #: G423-7816-4443-00

Submit to municipal clerk.

Individual's Full Name *(please print)* *(last name)*	*(first name)*	*(middle name)*		
Galston	Scott	Allen		
Home Address *(street/route)*	Post Office	City	State	Zip Code
[redacted]	Fort Atkinson		WI	53538-8905
Home Phone Number	Age	Date of Birth	Place of Birth	
[redacted]	53	1[redacted]	Watertown, WI	

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 *(Officer/Director/Member/Manager/Agent)* of Kwik Trip, Inc. *(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 1991.
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 employe 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 54603	Jan. 2016	Present
Employer's Name	Employer's Address	Employed From	To
Scott's Supportive Services	W5991 Lee Dr., Fort Atkinson, WI 53538	Sept. 2014	Jan. 2016

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 24TH day of JANUARY, 2018

(Clerk/Notary Public)

(Signature of Named Individual) Scott A. Galston

My commission expires 10-18-2021

NOTARY PUBLIC JANET M. NOVAK STATE OF WISCONSIN

Printed on Recycled Paper

AT-103 (R. 8-11)

Wisconsin Department of Revenue

Scott Galston, SC 739

ATTN: Gary H.

FORT-ATKINSON

CITY OF FORT ATKINSON, WISCONSIN
OPERATORS LICENSE NO. OP 16-18-336

WHEREAS, the local governing body of the City of Fort Atkinson, Jefferson County, Wisconsin has upon application duly made, granted and authorized the issuance of an Operator's License to:

SCOTT A GALSTON

AND WHEREAS, the said applicant has paid to the Treasurer the sum as required by the Municipality ordinances and has complied with all requirements necessary for obtaining a license.

NOW THEREFORE, an Operator's License pursuant to Sec. 125.32(2) and 126.68(2) of the Wisconsin Statutes and local ordinances is hereby issued to said applicant.

For the licensing period of 07/01/2016 – 06/30/2018.

Given under my hand and seal of the City of Fort Atkinson, Jefferson County, State of Wisconsin.

Clerk/Treasurer: Madison