RESOLUTION OF THE COMMON COUNCIL			
Authorizing and directing the proper city official(s) to appoint Jake Dillon as the agent for Kwik Trip Inc., d/b/a Kwik Trip #967, located at 2400 Roby Rd			
File Number:	R-177-2020	**Date Introduced:**	November 24, 2020

WHEREAS the City Clerk's office has received a Schedule for Successor of Agent and Schedule for Appointment of Agent for Kwik Trip #967, and

WHEREAS, the application was forwarded to the Police Chief for review, 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 Jake Dillon as the agent for Kwik Trip #967.

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

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

_____

Tim Swadley, Mayor Date

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

KWIK TRIP INC.

RECEIVED
NOV 16 2020
BY

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

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

November 5, 2020

Deputy Clerk
City of Stoughton
381 E. Main St.
Stoughton, WI 53589

RE: Appointment of Agent
Kwik Trip 967
2400 Roby Rd.

Dear Kelli:

Recently a new manager, Jake Dillon, was assigned to take over leadership responsibilities of our Kwik Trip 967 convenience store located in the City of Stoughton. Therefore, we would like to appoint Jake as agent of the store.

Enclosed, please find the completed Appointment of Agent and Auxiliary Questionnaire forms reflecting this change and $10.00 for the administrative fee for this service. 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) 793-6262 or DHafner@kwiktrip.com if you require anything further with this change. Thank you for your assistance with this matter.

Yours truly,

Deanna Hafner
Licensing Agent

Enclosures

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 processing fee due with this form. The following questions must be answered by the Agent. The appointment must be signed by an officer of the corporation/organization or one member of limited liability company. (Only one signature is required). The appointment must be approved by the licensing authority.

City of Stoughton (Municipality) Wisconsin _____ (Date) 20 ___

1. Name of agent Jake R. Dillon

	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.

Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than $1,000.

X _____ (Signature of Agent)

[redacted]

SUCCESSOR AGENT

The undersigned appoints Jake R. Dillon as agent in accordance with sec. 125.04(6), Wis. Stats.

Name of Permittee Donald P. Zietlow, President

Date 11-5 20 20

By _____ (Signature of Officer / Member)

I hereby accept appointment as agent for Kwik Trip, Inc. dba Kwik Trip 967 and assume full responsibility of the conduct of the business relative to fermented malt beverages and intoxicating liquors.

Date _____ 20 ___

X _____ Jake R. Dillon (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

Submit to municipal clerk.

Individual's Full Name *(please print)*	*(last name)*	*(first name)*	WI Dr. Lic. # *(middle name)*
	Dillon	Jake	Robert

	Post Office	City	State	Zip Code
3[redacted]				
6[redacted]				

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 2017
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		Employed From	To
WalMart	Various locations in Wisconsin & Hawaii	2008	10/2018
Perkins	Janesville, WI	2006	2008

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees 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. Any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000.

X *(Signature of Named Individual)*

Jake R. Dillon

ABT-8 OPERATOR'S LICENSE (7-1-92 DEPT. OF REVENUE, EXCISE TAX BUREAU)

OPERATOR'S LICENSE

NO. 6 $ 20.00

WHEREAS, The local governing body of the (City - Town - Village) of **Blooming Grove**

County of **Dane**, Wisconsin, has, upon application duly made, granted and authorized

the issuance of an "Operator's" License to **Jake Robert Dillon**

AND WHEREAS, the said applicant has paid to the treasurer the sum of $ **20.00** as required by local

ordinances and has complied with all requirements necessary for obtaining a license:

Now Therefore, An "Operator's" License, pursuant to Sections 125.32(2) and 125.68(2) of the Wisconsin Statutes, and

local ordinances, is hereby issued to said applicant.

For the period ending **June 30, 2020**

(Corporate Seal)

Given under my hand and the corporate seal of

the (City Town Village) of **Blooming Grove**

County of **Dane**, State of Wisconsin,

this **8** day of **May** 2019.

Clerk