Receipt# 10005896.

KWIK TRIP INC.

Legal

PHONE 608 781 8988
FAX 608 793 6120

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

www.kwiktrip.com

January 6, 2022

Deputy Clerk
City of Stoughton
207 S. Forrest St.
Stoughton, WI 53589

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

Dear Deputy Clerk:

A new manager, Brett Decker, 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 Brett as the new agent of the store.

Enclosed, please find the completed Successor 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 in advance for your assistance with this matter.

Yours truly,

Deanna

Deanna Hafner
Licensing Agent

Enclosures

Form **AT-200**

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

Kwik Trip, Inc. DBA Kwik Trip 739

Reason for Cancellation of Appointed Agent

New manager assigned to store.

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

Signature of President / Member *Date*

Donald P. Zietlow

Section 2: Agent Information and Acknowledgement

Agent Name

Brett R. Decker

Mailing Address	City or Post Office	State	Zip Code
[redacted]	[redacted]	[redacted]	[redacted]

Agent Questions	Yes	No
1. Are you of legal drinking age?	☑	☐
2. Have you been a resident of Wisconsin for at least 90 continuous days prior to the date of appointment as agent?	☑	☐
3. Have you ever been convicted of a federal law violation?	☐	☑
4. Have you ever been convicted of a state law violation?	☐	☑
5. Have you ever been convicted of a local ordinance violation?	☐	☑
6. Have you completed the required responsible beverage server training course per sec. 125.04(5)(a)5, Wis. Stats.?	☑	☐

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 Kwik Trip, Inc. DBA Kwik Trip 739 and assume full responsibility of the conduct of the business relative to fermented malt beverages and intoxicating liquors.

Signature of Agent *Date* Dec 20, 2021

Brett R. Decker

Section 3: Licensing Authority Approval

Municipality Name

Signature of Official *Date*

Title of Official

Auxiliary Questionnaire
Alcohol Beverage License Application

Submit to municipal clerk.

WI Dr. Lic. [redacted]

Individual's Full Name (please print) (last name)	(first name)	(middle name)
Decker	Brett	Rudans

Home Address (street/route)	Post Office	City	State	Zip Code
[redacted]	[redacted]		[redacted]	[redacted]

Home Phone Number	Age	Date of Birth	Place of Birth
[redacted]	[redacted]	[redacted]	[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? 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.)*
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 Wholesaler, 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
Kwik Trip, Inc.	1626 Oak St., La Crosse, WI	4/15/2020	Present
UPS Store	Stoughton, WI	8/2009	2/2020

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)

Brett R. Decker

City of Stoughton
Operator's License
License No: OP 2021 37

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

Brett Decker

[redacted]

AND WHEREAS, the said applicant has paid to the Treasurer the sum of $50.00 for a one year; $75.00 for a two year license, $75.00 as required by the Municipality ordinances and has complied with all requirements

NOW THEREFORE, An "Operator's" License, pursuant to Sections 125.32(2) and 126.68(2) of the Wisconsin Statues, and local ordinances, is hereby issued to said applicant,

for the period from 7/01/2021 to 6/30/2023.

Given under my hand and the Great Seal of the City of Stoughton, County of Dane, this 1st day of July, 2021.

CORPORATE SEAL CITY OF STOUGHTON WI

Holly Licht

Holly Licht

City of Stoughton
Operator's License
License No: OP 2021 37

License Fee: $75.00

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

Brett Decker

AND WHEREAS, the said applicant has paid to the Treasurer the sum of $50.00 for a one year; $75.00 for a two year license, $75.00 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 Sections 125.32(2) and 126.68(2) of the Wisconsin Statues, and local ordinances, is hereby issued to said applicant,

for the period from 7/01/2021 to 6/30/2023.

Given under my hand and the Great Seal of the City of Stoughton, County of Dane, this 1st day of July, 2021.

CORPORATE SEAL CITY OF STOUGHTON WI

Holly Licht

Holly Licht

RIVER LICENSE
REGULAR
WISCONSIN
USA
BRETT RUDAUST

CITY OF STOUGHTON

Receipt: 100058961 01/14/22

207 S FORREST ST
STOUGHTON, WI 53589

Cashier: TAMMY
Received Of: KWIK TRIP INC

PO BOX 2107, 1626 OAK ST
LA CROSSE WI 54603

APPOINTMENT OF AGENT FEE

The sum of: 10.00

901	LIQUOR AND MALT BEVERAGE		10.00
	100-00000-44110-3160	10.00	
		Total	10.00

TENDERED: CHECK/MONEY ORDER 1263239 10.00

01/14/2022 13:14