KWIK TRIP INC. | KWIK STAR

Legal

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

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

RECEIVED
AUG 28 2023
By

August 23, 2023

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

RE: Appointment of Agent
Kwik Trip 738
1231 E. Main St.

Dear City Clerk:

A new manager, Michael Laures, been assigned to take over leadership responsibilities of Kwik Trip 738. Therefore, we would like to appoint Mike as the new agent of the store.

Enclosed, please find the completed Appointment of Successor Agent and Supplemental Questionnaire forms reflecting this change. In addition, enclosed is a $10.00 check in payment of the processing fee for this service. I respectfully request that you please include this item on the agenda of your next City council meeting for consideration.

If you require anything further, please contact me at (608) 793-6262 or DHafner@kwiktrip.com. 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 738

Reason for Cancellation of Appointed Agent

New manager assigned to oversee store.

The undersigned appoints Michael F. Laures as agent in accordance with sec. 125.04(6), Wis. Stats.

Scott P Zietlow — 8-23-23

Signature of President / Member — *Date*

Scott P. Zietlow

Section 2: Agent Information and Acknowledgement

Agent Name

Michael Francis Laures

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? Speeding	☒	☐
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 738 and assume full responsibility of the conduct of the business relative to fermented malt beverages and intoxicating liquors.

X Michael Laures — X 8/22/23

Signature of Agent — *Date*

Section 3: Licensing Authority Approval

Municipality Name

Signature of Official — *Date*

Title of Official

Form
AT-103

Alcohol Beverage License Application Supplemental Questionnaire

Date X

This form must be submitted to the municipal clerk, and be accompanied by one or more of the following forms: AT-104, AT-106, AT-108, AT-115, or AT-200. One Form AT-103 must be completed by each person involved in the applicant business or parent company including:

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- managing members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Supplemental Questionnaires are submitted.

Part A: Premises/Business Information

1. Registered Entity Name (or individual name if sole proprietor)
Kwik Trip, Inc.

2. Trade Name or DBA
Kwik Trip 738

3. Entity Type *(check one)*
☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☒ Corporation ☐ Nonprofit Organization

Part B: Individual Information

1. Name (Last, First, M.I.)
Laures, Michael F.

2. Relationship to Registered Entity (Title)	3. Email	4. Phone
Agent	[redacted]	[redacted]

5. Home Address
[redacted]

6. City	7. State	8. Zip Code	9. Date of Birth
[redacted]	[redacted]	[redacted]	[redacted]

[redacted] ID Number	11. Drivers License/State ID State of Issuance
[redacted]	[redacted]

Part C: Address History

List in chronological order your last two residence addresses within the last 5 years.

Previous Address 1
[redacted]

Previous City, State, Zip	Dates (MM/YYYY - MM/YYYY)
[redacted]	[redacted]

Previous Address 2

Previous City, State, Zip	Dates (MM/YYYY - MM/YYYY)

Part D: Employment History

List in chronological order your last two employers within the last 5 years.

Employer's Name
Kwik Trip, Inc.

Employer's Address	Dates Employed (MM/YYYY - MM/YYYY)
1626 Oak St., La Crosse, WI 54603	9/2018 - Present

Employer's Name
Wal-Mart

Employer's Address	Dates Employed (MM/YYYY - MM/YYYY)
Janesville and other Wisc. locations.	6/1998 - 9/2018

Part E: Criminal History

1. Have you ever been convicted of any offenses (other than traffic offenses unrelated to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? ..... ☐ Yes ☒ No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Trial Date
Penalty Imposed	Was sentence completed? ..... ☐ Yes ☐ No
Law/Ordinance Violated	Trial Date
Penalty Imposed	Was sentence completed? ..... ☐ Yes ☐ No

2. Are charges for any offenses currently pending against you (other than traffic offenses unrelated to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? ..... ☐ Yes ☒ No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part F: Questions

1. Have you lived in any state other than Wisconsin as an adult? If yes, please list them in the space below. If no, continue to question 2 ..... ☐ Yes ☒ No

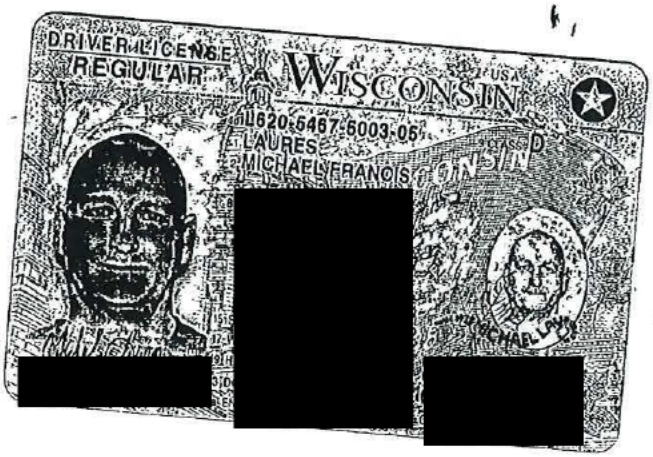
2. How long have you continuously lived in Wisconsin prior to the date of application?	Years	Months
	Entire life	

3. Do you hold a direct or indirect interest in any alcohol beverage wholesaler or producer (e.g. brewer, brewpub, winery, distillery)? If yes, please explain using the space below. Attach additional sheets as needed. ☐ Yes ☒ No

Part G: Attestation

READ CAREFULLY BEFORE SIGNING: I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000 if convicted.

Signature	Date
X Matt Lauer	X 8/22/23



ATTN: Deanna Hafner

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