✓ 2/6/18
ZB

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

JAN 31 2018

January 25, 2018

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

RE: Appointment of Agent Change
Kwik Trip 893
1359 US Highway 51

Dear Holly:

Recently a new manager was reported. Breonna Pitera has been assigned to take over leadership responsibilities of our Kwik Trip 893 convenience store located in the City of Stoughton. Therefore, we would like to appoint Breonna new as agent of the store. Please note that Breonna is also the agent of our Kwik Trip 739 located in the City of Stoughton until the new agent is approved.

Enclosed, please find the completed Appointment of Agent, Auxiliary Questionnaire and Successor of Agent forms reflecting this change. In addition, enclosed is a $10.00 check to cover 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) 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

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 1-18 (Date) 20 18

1. Name of agent Breonna Violet Pitera

	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 Breonna Pitera (Signature of Agent)

(Address)

SUCCESSOR AGENT

The undersigned appoints Breonna V. Pitera as agent in accordance with sec. 125.04(6), Wis. Stats.

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

Date January 25 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 893 and assume full responsibility or the conduct of the business relative to fermented malt beverages and intoxicating liquors.

Date 1-18 20 18

X Breonna Pitera (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)

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 893
(trade name)

located at **1359 US Highway 51., Stoughton, WI 53589**

appoints **Breonna V. Pitera**
(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).

Agent at Kwik Trip 739 until the new agent is approved.

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? **All my life.**

Place of residence last year **846 Stonefield Dr., Edgerton, WI 53534**

For: **Kwik Trip, Inc.**
(name of corporation/organization/limited liability company)

By: _____
(signature of Officer/Member/Manager)

And: _____
(signature of Officer/Member/Manager)

ACCEPTANCE BY AGENT

I, **Breonna V. Pitera**, 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 Breonna Pitera 1-18-18

(signature of agent) *(date)* Agent's age **29**

[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 2/6/18 *(date)* by _____ *(signature of proper local official)* Title Chief of Police *(town chair, village president, police chief)*

AUXILIARY QUESTIONNAIRE
ALCOHOL BEVERAGE LICENSE APPLICATION

WI Dr. Lic. #B122-0788-8946-07

Submit to municipal clerk.

Individual's Full Name *(please print)* *(last name)*	*(first name)*	*(middle name)*		
Pitera	Breonna	Violet		
Home Address *(street/route)* [redacted]	Post Office: Edgerton	City	State: WI	Zip Code: 53534
Home Phone Number [redacted]	Age: ~~28~~ 29	Date of Birth [redacted]	Place of Birth: Edgerton, 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? 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. Agent at Kwik Trip 739 until the new agent is approved. *(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
Ray's Family Restaurant	1102 N Main St, Edgerton, WI	8/07	6/08
Lake House Inn	1612 E Hotel Dr, Edgerton, WI	3/06	7/06

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 22 day of Jan, 20 18

(Clerk/Notary Public)

My commission expires 2/20/20

Breonna Pitera *(Signature of Named Individual)*

Breonna V. Pitera

NOTARY PUBLIC JOSHUA T. WARD STATE OF WISCONSIN

Printed on Recycled Paper

AT-103 (R. 8-11)

Wisconsin Department of Revenue

City of Stoughton
County of Dane
State of Wisconsin
Licenses

WHEREAS, the City of Stoughton, Dane County, State of Wisconsin, has, upon application duly made, granted and authorized the issance of the following Licenses:

Issued to:

KWIK TRIP, INC.

1626 OAK ST
LA CROSSE, WI 54603

Trade Name:

Kwik Trip #739

517 W MAIN STREET
STOUGHTON, WI 53589

License Type	License No	Effective	Expires	Fee
Cigarette	**CIG 3**	**7/01/2017**	**6/30/2018**	**100.00**
Breonna V. Pitera, Agent				
Location:	1 Story Frame Construction w/Storage in Coolers & Back Room 517 West Main Street			
Class A Liquor - Cider Only	**CIDER 1**	**7/01/2017**	**6/30/2018**	
Breonna V. Pitera, Agent				
	1 Story Frame Construction w/Storage in Coolers & Back Room 517 West Main Street			
Class A Retail - Beer	**A BEER 1**	**7/01/2017**	**6/30/2018**	**100.00**
Breonna V. Pitera, Agent				
Publication fee:				20.00
Location:	1 Story Frame Construction w/Storage in Coolers & Back Room 517 West Main Street			

WHEREAS, this license is subject to all resolutions, ordinances, regulations, and provisions as may be at any time imposed by the local governing body or any laws of the State of Wisconsin, and is subject to revocation as provided by law.

Given under my hand and the Great Seal of the City of Stoughton, County of Dane, this 15th day of June, 2017.

CORPORATE SEAL CITY OF STOUGHTON, WI

Total fee:

$220.00

Lana C Kropf

Lana C Kropf

This document must be framed and posted on the premises.