

**ALCOHOL LICENSING COMMITTEE AGENDA
CITY OF FOND DU LAC, WISCONSIN**

October 27, 2014
4:00 p.m.

Meeting Rooms D & E
City-County Government Center

160 South Macy Street
Fond du Lac, Wisconsin

I. OPENING CEREMONIES

- A. Attendance
- B. Declaration Quorum Present

II. APPROVAL OF MINUTES

August 25, 2014

III. REPORTS OF OFFICERS

**A. REVIEW DELIBERATE AND MAKE RECOMMENDATION ON
APPLICATION FOR NEW CLASS "A" FERMENTED MALT BEVERAGE
LICENSE**

Corporation:	Love's Travel Stops & Country Stores, Inc.
Agent Name:	Steve Witzman
Agent Address:	9355 US Hwy 12 Tomah, WI 54660
d/b/a:	Love's Travel Stop #587
Location of Premises:	191 W Rolling Meadows Dr
City Council Meet Date:	November 12, 2014

IV. ADJOURN

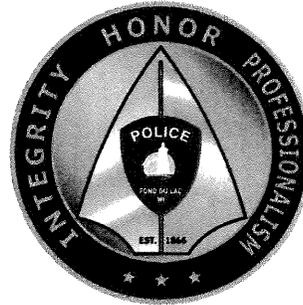
CITY OF FOND DU LAC - Memorandum

City Clerk's Office

Date: October 23, 2014
To: Alcohol License Committee
From: Maggie Hefter, City Clerk
Re: 2014-2015 Class "A" Fermented Malt Beverage Application

CLASS "A" FERMENTED MALT BEVERAGE

Corporation: Love's Travel Stops & Country Stores, Inc.
Agent: Steve Witzaman
Address: 9355 US Hwy 12
Tomah, WI 54660
d/b/a: Love's Travel Stop #587
Location of Premises: 191 W. Rolling Meadows Dr.



Memo

To: City Manager Moore

From: Chief Lamb

Date: 10-21-14

Re: Proposed Class A Beer License for Love's Travel Stops and Country Stores (#587) 191 W. Rolling Meadows Drive

On October 21, 2014, Assistant Chief Klein, Community Development Director Dyan Benson met with the listed applicant Steve Witzman who will be the listed agent of the new Loves Travel Stop located at 191 W. Rolling Meadows Drive regarding their request for a Class A Fermented Malt Beverage license for the above location.

Love's Truck Stop will be opening a new store location on November 20, 2014 just to the north east of the Intersection of Rolling Meadows Drive and Hickory Street. This license request will allow Love's to sell a selection of fermented malt beverages for carry out purposes. This store is designed as a 24-hour full service truck stop, complete with a service bay, shower facilities and Subway Food shop located within the store. The store anticipates hiring 45 employees and per company policy all cashiers are required to participate in the responsible beverage service course.

The applicant stated that all of their registers will have ID scanning software to ensure those who are purchasing alcohol are age 21 or over. In addition, the registers have built in timers that automatically will not permit alcohol sales to take place between the hours of 9 p.m. and 8 a.m. which is the time frame that Class A establishments are prohibited from selling alcohol beverages in accordance with Fond du Lac City Ordinance.

Background checks were conducted on Mr. Witzman and the Officers of Love's Travel Stops and Country Stores Inc., both in-house and NCIC/CIB. There is nothing in the applicants' backgrounds that would preclude them from obtaining the requested license. The Police Department has no objections to the approval of the proposed license.

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning December 1 20 14 ;
ending June 30 20 15

TO THE GOVERNING BODY of the: Town of }
 Village of } Fond du Lac
 City of }

County of Fond du Lac Aldermanic Dist. No. _____ (if required by ordinance)

1. The named INDIVIDUAL PARTNERSHIP LIMITED LIABILITY COMPANY
 CORPORATION/NONPROFIT ORGANIZATION

hereby makes application for the alcohol beverage license(s) checked above.

2. Name (individual/partners give last name, first, middle; corporations/limited liability companies give registered name): Love's Travel Stops & Country Stores, Inc.

An "Auxiliary Questionnaire," Form AT-103, must be completed and attached to this application by each individual applicant, by each member of a partnership, and by each officer, director and agent of a corporation or nonprofit organization, and by each member/manager and agent of a limited liability company. List the name, title, and place of residence of each person.

Title	Name	Home Address	Post Office & Zip Code
President/Member	<u>See Attached List</u>		
Vice President/Member	_____		
Secretary/Member	_____		
Treasurer/Member	_____		
Agent	<u>Steve Witzaman, General Manager 9355 US Hwy 12, Tomah, WI 54660</u>		
Directors/Managers	_____		

3. Trade Name Love's Travel Stop #587 Business Phone Number 405-751-9000 (corp)
4. Address of Premises 191 West Rolling Meadows Drive Post Office & Zip Code 54937

5. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? Yes No
6. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? Yes No
7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? Yes No
8. (a) **Corporate/limited liability company applicants only:** Insert state Oklahoma and date 12/29/86 of registration.
(b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? Yes No
(c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? Yes No
(NOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 above.)

9. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) See Attached Floor Plan

10. Legal description (omit if street address is given above): 191 West Rolling Meadows Dr., Fond du Lac, WI 54937

11. (a) Was this premises licensed for the sale of liquor or beer during the past license year? Yes No
(b) If yes, under what name was license issued? _____

12. Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630.5) before beginning business? [phone 1-800-937-8864] Yes No

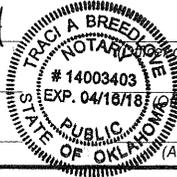
13. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown in Section 2, above? [phone (608) 266-2776] Yes No

14. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.) Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

SUBSCRIBED AND SWORN TO BEFORE ME

this 18th day of September, 20 14
Traci A. Breedlove
(Clerk/Notary Public)
My commission expires 4/16/2018



Applicant's WI Seller's Permit No. <u>4561020024700-03</u> FEIN Number: _____	
LICENSE REQUESTED	
TYPE	FFEE
<input checked="" type="checkbox"/> Class A beer	\$ <u>145</u>
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>55</u>
TOTAL FEE	\$ <u>200</u>

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>9-23-14</u>	Date reported to council/board <u>11-12-14</u>	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued <u>15-4541</u>	

OL-2351



10601 North Pennsylvania
P.O. Box 26210
Oklahoma City, OK 73126

September 25, 2014

City of Fond du Lac
160 S Macy Street
Fond du Lac, WI 54935

Dear Madam or Sir,

This letter is to inform the City of Fond du Lac that the business activities for Love's Travel Stop #587 will be a convenience store with gasoline, fast food, tire sales/repair, light mechanical and roadside assistance. Our projected opening date is scheduled for November 20, 2014.

Should you have any questions or require any additional information, please contact me. I may be reached by telephone at (405) 463-8180 or by email at traci.breedlove@loves.com.

Thank you,

Traci Breedlove
Licensing Coordinator

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 of Fond du Lac County of Fond du Lac
 City

The undersigned duly authorized officer(s)/members/managers of Love's Travel Stops & Country Stores, 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
Love's Travel Stop #587
(trade name)

located at 191 West Rolling Meadows Drive, Fond du Lac, WI 54937

appoints Steve Witzman
(name of appointed agent)

9355 US Hwy 12, Tomah, WI 54660
(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).

Love's Travel Stop #345, Oakdale, WI - Class A Retailer License

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? 4 years

Place of residence last year 9355 US Hwy 12, Tomah, WI 54660

For: Love's Travel Stops & Country Stores, Inc.
(name of corporation/organization/limited liability company)

By: [Signature]
(signature of Officer/Member/Manager)

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

ACCEPTANCE BY AGENT

I, Stephen Witzman
(print type agent's name), hereby accept this appointment as agent for the

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.

Stephen J. Witzman 9-25-17 Agent's age [Redacted]
(signature of agent) (date)

9355 US Hwy 12, Tomah, WI 54660 Date of birth [Redacted]
(home address of agent)

**APPROVAL OF AGENT BY MUNICIPAL AUTHORITY
 (Clerk cannot sign on behalf of Municipal Official)**

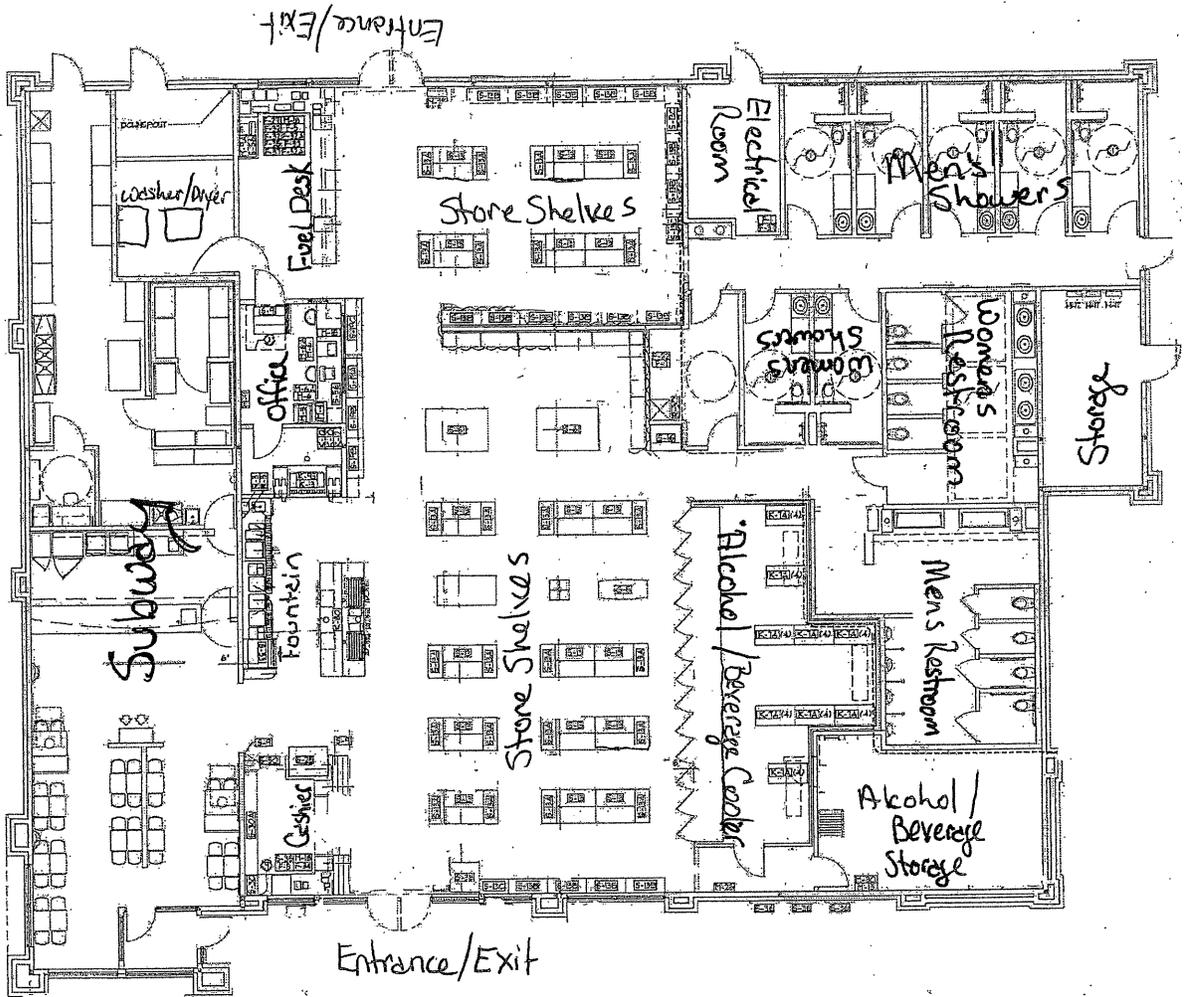
I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, the character, record and reputation are satisfactory and I have no objection to the agent appointed.

Approved on 10/21/14 by [Signature] Title ASST. CHIEF OF POLICE
(date) (signature of proper local official) (town chair, village president, police chief)

Love's Travel Stop # 587

Store sq. footage - 7,589 sq. ft.

Subway sq. footage - 1,670 sq. ft.



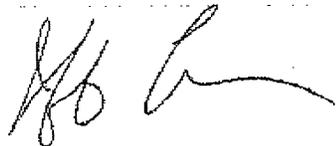
WISCONSIN

SELLER / SERVER CERTIFICATION

Trainee Name: Stephen Witzman

School Name: 360training.com, Inc.

Date of Completion: 04/30/2013

I, 

certify that the above named person
successfully completed an approved
Learn2Serve Seller/Server course.

COMPLIES WITH WISCONSIN STATUTES 125.04, 125.17, 134.66

Learn2
serve

Corporate Headquarters

13801 Burnet Rd. Suite 100

Austin, Texas 78727

P: 800-442-1149

AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Witzman		Stephen		Jay	
Home Address (street/route)		Post Office	City	State	Zip Code
9355 US Hwy 12			Tomah	WI	54660
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.
- General Manager** of **Love's Travel Stops & Country Stores, Inc.**
(Officer/Director/Member/Manager/Agent) (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:

- How long have you continuously resided in Wisconsin prior to this date? 4 years
- 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.)
- 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.
- 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. Love's Travel Stop #345, Class A Retailer License # 2014-1 - Village of Oakdale, WI
(Name, Location and Type of License/Permit)
- 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)
- Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
Love's Travel Stops & Country Stores, Inc.	10601 N Pennsylvania, Oklahoma City, OK 73120	Aug. 10, 2010	Present
Pilot	Jamestown, NM	Jan. 2010	July 2010

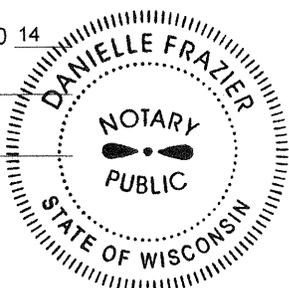
The undersigned, being first duly sworn on oath, deposes and says that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that 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

this 17 day of September, 20 14

[Signature]
(Clerk/Notary Public)

My commission expires NOV 26 2017



[Signature]
(Signature of Named Individual)



AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Love		Thomas		Eugene	
Home Address (street/route)		Post Office	City	State	Zip Code
6824 N.W. Grand Blvd.			Oklahoma City	OK	73116
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.
- Executive Chairman** of Love's Travel Stops & Country Stores, Inc.
(Officer/Director/Member/Manager/Agent) (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? Not a Wisconsin Resident
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. See Attached List
(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
Love's Travel Stops & Country Stores, Inc.	10601 N Pennsylvania, Oklahoma City, OK 73120	Jan. 1964	Present
Employer's Name	Employer's Address	Employed From	To

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

this 10th day of September, 20 14

Traci A. Breedlove
(Notary Public)



[Signature]
(Signature of Named Individual)

My commission expires 4/16/2018



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AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Love		Gregory		Michael	
Home Address (street/route)		Post Office		City	
7520 Nichols Road				Oklahoma City	
Home Phone Number		Age		Date of Birth	
[REDACTED]		[REDACTED]		[REDACTED]	
				State	
				OK	
				Zip Code	
				73120	
				Place of Birth	
				[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.
- Co-President** of Love's Travel Stops & Country Stores, Inc.
(Officer/Director/Member/Manager/Agent) (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? Not a Wisconsin Resident
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. See Attached List
(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
Love's Travel Stops & Country Stores, Inc	10601 N Pennsylvania, Oklahoma City, OK 73120	Dec. 1984	Present
Employer's Name	Employer's Address	Employed From	To

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

this 15th day of September, 20 14
Traci A. Breedlove
(Clerk/Notary Public)



Gregory Love
(Signature of Named Individual)

My commission expires 4/16/2018



AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Love		Judith		McCarthy	
Home Address (street/route)		Post Office		City	
6824 N.W. Grand Blvd.				Oklahoma City	
Home Phone Number		Age		Date of Birth	
[REDACTED]		[REDACTED]		[REDACTED]	
				State	
				Zip Code	
				OK 73116	
				Place of Birth	
				[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.
 - Secretary** of Love's Travel Stops & Country Stores, Inc.
(Officer/Director/Member/Manager/Agent) (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? Not a Wisconsin Resident
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. See Attached List
(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
Love's Travel Stops & Country Stores, Inc.	10601 N Pennsylvania, Oklahoma City, OK 73120	Jan. 1964	Present
Employer's Name	Employer's Address	Employed From	To

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

this 12th day of September, 20 14

[Signature]
(Clerk/Notary Public)



[Signature]
(Signature of Named Individual)

My commission expires 4/16/2018



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AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Love IV		Frank		Criner	
Home Address (street/route)		Post Office		City	
7444 N Country Club Dr				Oklahoma City	
Home Phone Number		Age		Date of Birth	
[REDACTED]		[REDACTED]		[REDACTED]	
				State	
				OK	
				Zip Code	
				73116	
				Place of Birth	
				[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.
- Co-President** of Love's Travel Stops & Country Stores, Inc.
(Officer/Director/Member/Manager/Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

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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. See Attached List
(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
Love's Travel Stops & Country Stores, Inc	10601 N Pennsylvania, Oklahoma City, OK 73120	July 1994	Present
Employer's Name	Employer's Address	Employed From	To

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

this 12th day of September, 20 14

Traci A. Breedlove
(Clerk/Notary Public)



[Signature]
(Signature of Named Individual)

My commission expires 4/16/2018



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AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Stussi		Douglas		James	
Home Address (street/route)		Post Office	City	State	Zip Code
608 Deer View Crossing			Edmond	OK	73034
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.
- Executive Vice President - CFO** of **Love's Travel Stops & Country Stores, Inc.**
(Officer/Director/Member/Manager/Agent) (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:

- How long have you continuously resided in Wisconsin prior to this date? Not a Wisconsin Resident
- 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.)
- 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.
- 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. See Attached List
(Name, Location and Type of License/Permit)
- 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)
- Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
Love's Travel Stops & Country Stores, Inc.	10601 N Pennsylvania, Oklahoma City, OK 73120	Nov. 1996	Present
Employer's Name	Employer's Address	Employed From	To

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

this 10th day of September, 20 14

Traci A. Breedlove
(Clerk/Notary Public)



[Signature]
(Signature of Named Individual)

My commission expires 4/16/2018



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AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Wharton		Shane			
Home Address (street/route)		Post Office	City	State	Zip Code
3324 NW 172nd Ter			Edmond	OK	73012
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.
- Executive Vice President of Accounting** of **Love's Travel Stops & Country Stores, Inc.**
(Officer/Director/Member/Manager/Agent) (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:

- How long have you continuously resided in Wisconsin prior to this date? Not a Wisconsin Resident
- 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.)
- 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.
- 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. See Attached List
(Name, Location and Type of License/Permit)
- 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.

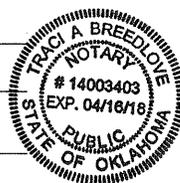
Employer's Name	Employer's Address	Employed From	To
Love's Travel Stops & Country Stores, Inc.	10601 N Pennsylvania, Oklahoma City, OK 73120	Jan. 2005	Present
Employer's Name	Employer's Address	Employed From	To

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

this 10th day of September, 20 14

Traci A. Breckler
(Clerk/Notary Public)



[Signature]
(Signature of Named Individual)

My commission expires 4/16/2018



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AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Rogers		Kristine		Marie	
Home Address (street/route)		Post Office		City	State
2705 Old Farm Road				Edmond	OK
Home Phone Number		Age	Date of Birth		Zip Code
[REDACTED]		[REDACTED]	[REDACTED]		73013
Place of Birth					
[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.
- Assistant Secretary** of **Love's Travel Stops & Country Stores, Inc.**
(Officer/Director/Member/Manager/Agent) (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:

- How long have you continuously resided in Wisconsin prior to this date? Not a Wisconsin Resident
- 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.)
- 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.
- 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. See Attached List
(Name, Location and Type of License/Permit)
- 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)
- Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
Love's Travel Stops & Country Stores, Inc.	10601 N Pennsylvania, Oklahoma City, OK 73120	May 2011	Present
Everest Operations Management	14301 Caliber Dr., Suite 300, Oklahoma City, OK 73124	Aug. 2008	May 2011

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
this 9th day of Sept September, 20 14
Jaci A. Breedlove
(Clerk/Notary Public)
My commission expires 4/16/2018



[Signature]
(Signature of Named Individual)



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AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Meyer		Jennifer		Love	
Home Address (street/route)	Post Office	City	State	Zip Code	
6919 Avondale Court		Oklahoma City	OK	73116	
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.
- Vice President of Communications** of **Love's Travel Stops & Country Stores, Inc.**
(Officer/Director/Member/Manager/Agent) (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:

- How long have you continuously resided in Wisconsin prior to this date? Not a Wisconsin Resident
- 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.)
- 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.
- 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. See Attached List
(Name, Location and Type of License/Permit)
- 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
Love's Travel Stops & Country Stores, Inc.	10601 N Pennsylvania, Oklahoma City, OK 73120	Oct. 1996	Present
Employer's Name	Employer's Address	Employed From	To

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

this 10th day of September, 20 14

Shari A. Breedlove
(Clerk/Notary Public)



[Signature]
(Signature of Named Individual)

My commission expires 4/16/2018



AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Love		Laura		Anne	
Home Address (street/route)	Post Office	City	State	Zip Code	
2416 Grand Circle		Oklahoma City	OK	73116	
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.
- Shareholder** of Love's Travel Stops & Country Stores, Inc.
(Officer/Director/Member/Manager/Agent) (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:

- How long have you continuously resided in Wisconsin prior to this date? Not a Wisconsin Resident
- 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.)
- 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.
- 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. See Attached List
(Name, Location and Type of License/Permit)
- 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
Employer's Name	Employer's Address	Employed From	To

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

this 9th day of September, 20 14
Traci A. Breedlove
(Clerk/Notary Public)



Laura Anne Love
(Signature of Named Individual)

My commission expires 4/16/2018

