

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

February 23, 2015  
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**

January 26, 2015

**III. REPORTS OF OFFICERS**

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

Limited Liability:	DB Petroleum LLC
Agent Name:	Shekhar Adhikari
Agent Address:	606 W Main St. Hilbert, WI 54129
d/b/a:	DB Petroluem
Location of Premises:	473 Fond du Lac Ave
City Council Meet Date:	March 11, 2015

**B. REVIEW DELIBERATE AND MAKE RECOMMENDATION ON  
APPLICATION FOR NEW "CLASS A" INTOXICATING LIQUOR**

Corporation:	Kwik Trip, Inc.
Agent Name:	Lori Null
Agent Address:	177 E 9 <sup>th</sup> St. Fond du Lac, WI 54935
d/b/a:	Kwik Trip 613
Location of Premises:	456 S Main St.
City Council Meet Date:	March 11, 2015

**IV. ADJOURN**

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

January 26, 2015  
4:00 P.M.

Meeting Rooms D&E  
City-County Government Center

160 South Macy Street  
Fond du Lac, Wisconsin

**OPENING CEREMONIES**

ROLL CALL: Present: - Shawn Anhalt  
J. Geoffrey Bares  
Jacob Lehman  
Lee Ann Lorrigan  
Jennifer Neibauer

Absent: - Kerry Ann Strupp (excused)  
Joseph Leventhal (excused)

Administrative Staff: - Bill Lamb, Police Chief  
Chad Wade, Asst City Attorney

Vice-Chairperson Bares declared a quorum present.

**APPROVAL OF MINUTES**

**December 22, 2014**

Motion made by Lorrigan to approve the minutes of the  
December 22, 2014 Alcohol Licensing Committee as  
presented.

Seconded by Anhalt.

ROLL CALL VOTE: Aye - Anhalt, Bares, Lorrigan  
Nay - None  
Abstain - Lehman, Neibauer

Carried.

**REPORTS OF OFFICERS**

**REVIEW DELIBERATE AND MAKE RECOMMENDATIONS ON APPLICATION FOR  
NEW "CLASS B" INTOXICATION LIQUOR AND CLASS "B" FERMENTED MALT  
BEVERAGE LICENSE**

Corporation: Three Guys and a Grill at Trinity LLC  
Agent Name: Scott McMurray

**ALCOHOL LICENSING COMMITTEE MINUTES**

January 16, 2015

Page 2

Agent Address: N6194 Woodland Meadows Drive  
Sheboygan, WI 53083  
d/b/a: Three Guys and a Grill at Trinity  
Location of Premises: 40 E Division Street  
City Council Meet Date: February 11, 2015

Appeared in Support and to Ask/Answer Questions:

Scott McMurray, N6194 Woodland Meadows Drive, Sheboygan, WI

Motion made by Lorrigan to recommend to City Council approval of New "Class B" Intoxicating Liquor and Class "B" Fermented Malt Beverage License d/b/a Three Guys and a Grill at Trinity, 40 E Division Street. Seconded by Neibauer.

ROLL CALL VOTE: Aye - Anhalt, Bares, Lehman,  
Lorrigan, Neibauer  
Nay - None

Carried.

**ADJOURN**

Motion made by Anhalt to adjourn.  
Seconded by Lehman.

ROLL CALL VOTE: Aye - Anhalt, Bares, Lehman,  
Lorrigan, Neibauer  
Nay - None

Carried.

Meeting adjourned at 4:08 p.m.

MARGARET HEFTER  
CITY CLERK

MH/maa

# ***CITY OF FOND DU LAC - Memorandum***

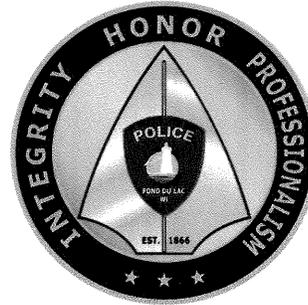
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**City Clerk's Office**

**Date:** February 19, 2015  
**To:** Alcohol License Committee  
**From:** Maggie Hefter, City Clerk  
**Re:** 2014-2015 "Class A" Intoxicating Liquor and Class "A"  
Fermented Malt Beverage Application

## **"CLASS A" INTOXICATING LIQUOR AND CLASS "A" FERMENTED MALT BEVERAGE:**

**Limited Liability Co:** DB Petroleum LLC  
**Agent:** Shekhar Adhikari  
**Address:** 606 W Main St  
Hilbert, WI 54129  
**d/b/a:** DB Petroleum  
**Location of Premises:** 473 Fond du Lac Ave



# Memo

**To:** City Manager Moore

**From:** Chief Lamb

**Date:** 02-18-15

**Re: Proposed Class A Beer and Intoxicating Liquor License  
for DB Petroleum LLC, 473 Fond du Lac Ave.**

On February 17, 2015, Assistant Chief Klein, Community Development Director Dyann Benson and Fire Department Division Chief Troy Haase, met with Buddi Subedi and Shekhar Adhikari from DB Petroleum regarding their request for a Class A Intoxicating Liquor and Fermented Malt Beverage license for the above location. The location is currently vacant and has previously been operated as a convenience store and car wash.

The applicants stated they will be cleaning up the property and making some minor cosmetic changes to the business. They plan to brand the convenience store as a Shell gas and convenience store. This license request if granted, would allow them to sell beer and a small selection of intoxicating liquors to those customers wishing to purchase for off premise consumption. The liquor assortment will be kept on display shelving behind the Clerk's check out area. This location has operated as a licensed establishment in the past with no concerns noted by law enforcement.

Mr. Subedi and his wife currently help operate the Mobile Mart on S. Main St, Mr. Adhikari will be serving as the listed agent for this location.

Assistant Chief Klein discussed with the applicants' the City's expectations of being a license holder and the importance of being a "good neighbor."

Background checks were conducted on the applicants', 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 8/12/15 20 \_\_\_\_\_ ;  
ending 9/30/15 20 \_\_\_\_\_

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)

Applicant's Wisconsin Seller's Permit Number: <u>4561027764574-02</u>	
Federal Employer Identification Number (FEIN): <u>460592021</u>	
LICENSE REQUESTED ▶	
TYPE	FEE
<input checked="" type="checkbox"/> Class A beer	\$ <u>67</u>
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input checked="" type="checkbox"/> Class A liquor	\$ <u>167</u>
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$ <u>55</u>
<b>TOTAL FEE</b>	\$ <u>289</u>

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): ▶ DB Petroleum LLC

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>Member</u>	<u>Shekhar Adhikari</u>	<u>606 W Main St Hilbert WI 54121</u>
Vice President/Member			
Secretary/Member			
Treasurer/Member	<u>Bhuma devi subedi</u>	<u>3645 Winnipeg St. Menasha, WI</u>	
Agent ▶	<u>Shekhar Adhikari</u>		

Directors/Managers

3. Trade Name ▶ DB Petroleum Business Phone Number 920-809-1210  
4. Address of Premises ▶ 473 Fond du Lac Ave. Post Office & Zip Code ▶ \_\_\_\_\_

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 WI and date 2012 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? Village of H. J. I. bert, WI  Yes  No  
(NOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 above.) DB Petroleum

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, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) coolers, backroom & display
10. Legal description (omit if street address is given above): 473 Fond du Lac Ave. Fond du Lac
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 30th day of January, 2015

Janet M. Copp (Clerk/Notary Public)  
Shekhar Adhikari (Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)  
Shekhar Adhikari (Officer of Corporation/Member/Manager of Limited Liability Company/Partner)

My commission expires 9/8/17  
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

## TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>1-30-15</u>	Date reported to council/board <u>3-11-15</u>	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

# AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Adhikari		Shekhar		Kumar	
Home Address (street/route)		Post Office		City	
606 W main St.		Milbert		Milbert	
Home Phone Number		Age		Date of Birth	
[REDACTED]		[REDACTED]		[REDACTED]	
				State	
				WI	
				Zip Code	
				54129	
				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.
- ~~Officer~~ **Shekhar Adhikari** of **D.B. Petroleum LLC**

(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? Three and half year
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. Village of Milbert, Beer liquor license  
(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
D.B. petroleum LLC	51 S 8th St Milbert WI	2012 Sept.	Till Now

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 30th day of JAN, 2015

[Signature]  
(Clerk/Notary Public)

[Signature]  
(Signature of Named Individual)

My commission expires 9-27-2015



Printed on Recycled Paper

# AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
SUBEDI		DHUMA		D.	
Home Address (street/route)		Post Office	City	State	Zip Code
3045 Winnipeg St.		Menasha	Menasha	WI	54952
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.

PB Petroleum LLC of Dhuma d. Subedi  
(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? 7 year
- 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. (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.

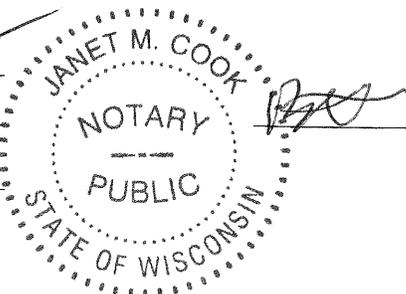
Employer's Name <u>Fish Tail LLC</u>	Employer's Address <u>209 Racine St. Menasha</u>	Employed From <u>2008 July</u>	To <u>til</u>
Employer's Name —	Employer's Address —	Employed From —	To —

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 30<sup>th</sup> day of January, 20 15  
Janet M. Cook  
(Clerk/Notary Public)

[Signature]  
(Signature of Named Individual)

My commission expires 9/8/17



L-30-15

City of Fond du Lac

Alcohol Licence Committee.

Subject: - Business Plan

We are going to open the business  
location: at 473 Fondulac Ave. Fondulac, WI.  
Under the name of DB Petroleum LLC. We  
will open same way. Our business hour  
will be:

MON - Friday = 5AM - 10PM

Sat & Sunday = 6AM - 10PM

Station C-Store & Shell Branding Gas.

S. K. Adhikari

SHEKHAR Adhikari

DB Petroleum LLC

# 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 Fond-du-lac County of Fond-du-lac

The undersigned duly authorized officer(s)/members/managers of D.B. Petroleum LLC  
(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 DB Petroleum  
(trade name)

located at 473 Fond-du-lac Ave

appoints Shekhar Kumar Adhikari  
(name of appointed agent)

606 W. Main St, Hilbert WI, 54129  
(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).

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 606 W Main St Hilbert WI 54129

For: D.B. Petroleum LLC  
(name of corporation/organization/limited liability company)

By: S.K. Adhikari  
(signature of Officer/Member/Manager)

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

### ACCEPTANCE BY AGENT

I, Shekhar Adhikari, 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.

S.K. Adhikari 1/30/15  
(signature of agent) (date)

Agent's age [Redacted]

606 W Main St Hilbert WI 54129  
(home address of agent)

Date of birth [Redacted]

### 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 02/17/15 by [Signature] Title ASST-CHIEF OF POLICE  
(date) (signature of proper local official) (town chair, village president, police chief)

# ***CITY OF FOND DU LAC - Memorandum***

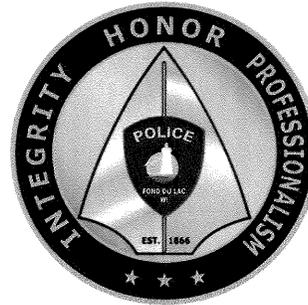
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**City Clerk's Office**

**Date:** February 19, 2015  
**To:** Alcohol License Committee  
**From:** Maggie Hefter, City Clerk  
**Re:** 2014-2015 "Class A" Intoxicating Liquor Application

**"CLASS A" INTOXICATING LIQUOR APPLICATION:**

<b>Corporation:</b>	Kwik Trip, Inc
<b>Agent:</b>	Lori Null
<b>Address:</b>	177 E 9 <sup>th</sup> St Fond du Lac, WI 54129
<b>d/b/a:</b>	Kwik Trip #613
<b>Location of Premises:</b>	456 S Main Street



# Memo

**To:** City Manager Moore

**From:** Chief Lamb

**Date:** 02-18-15

**Re:** Proposed Class A Combination License for Kwik Trip Store (#613) 456 S. Main Street

On February 17, 2015, Assistant Chief Klein, Community Development Director Dyann Benson and Fire Department Division Chief Troy Haase, met with Lori Null who is the Manager and listed agent of the Kwik Trip Store located at 456 S. Main Street regarding their request for a Class A Intoxicating Liquor and Fermented Malt Beverage license for the above location.

Kwik Trip Inc. is seeking approval to go from a Class A fermented malt beverage license to a Class A fermented malt beverage and intoxicating liquor license. This change will allow Kwik Trip to sell a small selection of intoxicating liquors to those customers wishing to purchase for carry out purposes. The liquor assortment will be kept on display shelving behind the Clerk's check out area. This store has operated at this location for many years and is currently licensed to sell fermented malt beverages for off-site consumption with no concerns noted by law enforcement.

Ms. Null stated that all of their registers 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.

Ms. Null has been and will continue to be the listed agent for this location.

Background checks were conducted on Ms. Null and the Officers of Kwik Trip 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 upon approval 20 15 ;  
ending June 30 20 15

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

County of FondDuLac 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): Kwik Trip, Inc.  
1626 Oak St., PO Box 2107, La Crosse, WI 54602-2107

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	President Donald P. Zietlow	2802 Bergamot Pl. Onalaska, WI	54650
Vice President/Member			
Secretary/Member	Secretary Steven D. Zietlow	N2448 Three Town Rd. La Crosse, WI	54601
Treasurer/Member			
Agent	Agent Lori Sue Null	177 E 9th St., Fond du Lac, WI	54935
Directors/Managers	Donald P. Zietlow and Steven D. Zietlow		

3. Trade Name KWIK TRIP 613 Business Phone Number 920/924-2710  
4. Address of Premises 456 S Main Post Office & Zip Code Fond Du Lac 54935

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 Wisconsin and date 10/07/64 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? Please see enclosed list  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.) One-story frame construction with storage in  
coolers on sales floor and behind sales counter
10. Legal description (omit if street address is given above): coolers on sales floor and behind sales counter
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? Kwik Trip 613 - Class A Beer
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 30th day of January, 20 15  
[Signature]  
(Clerk/Notary Public) 1-9-18

[Signature]  
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)  
[Signature]  
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner)  
[Signature]  
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk <u>2-2-15</u>	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

JAN 30 2015

**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 of City of Fond du Lac  Village of \_\_\_\_\_ County of Fond du Lac  City

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 613  
(trade name)

located at 456 S. Main St., Fond du Lac, WI 54935

appoints Lori S. Null  
(name of appointed agent)

177 E. 9<sup>th</sup> St., Fond du Lac, WI 54935  
(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).

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? Since 2002

Place of residence last year 177 E. 9<sup>th</sup> St., Fond du Lac, WI 54935

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

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

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

**ACCEPTANCE BY AGENT**

I, Lori S. Null, 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.

[Signature] 1-29-15  
(signature of agent) (date)

177 E. 9<sup>th</sup> St., Fond du Lac, WI 54935 Agent's age [Redacted]

(home address of agent) Date of birth [Redacted]

**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 02/17/15 by [Signature] Title ASST. CHIEF OF POLICE  
(date) (signature of proper local official) (town chair, village president, police chief)

**AUXILIARY QUESTIONNAIRE  
ALCOHOL BEVERAGE LICENSE APPLICATION**

Submit to municipal clerk.

WI Dr. Lic. # Z340-1953-4444-01

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Zietlow		Donald		Paul	
Home Address (street/route)		Post Office		City	
2802 Bergamot Pl.		Onalaska		WI 54650	
Home Phone Number		Age		Date of Birth	
[REDACTED]		[REDACTED]		[REDACTED]	
				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.
- President** of **Kwik Trip, 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:

**All my life.**

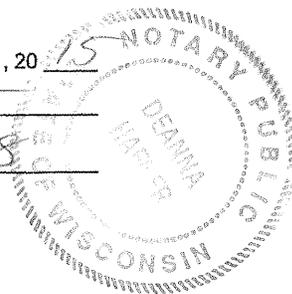
- How long have you continuously resided in Wisconsin prior to this date? \_\_\_\_\_
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality?  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.)  
**Please see reverse**
- 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. \_\_\_\_\_  
(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 <b>Kwik Trip, Inc.</b>	Employer's Address <b>1626 Oak St., La Crosse, WI 54601</b>	Employed From <b>9/1/89</b>	To <b>Present</b>
Employer's Name <b>Gateway Foods</b>	Employer's Address <b>La Crosse, WI</b>	Employed From <b>1963</b>	To <b>1989</b>

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 30th day of January, 2015  
[Signature]  
(Clerk/Notary Public)



[Signature]  
(Signature of Named Individual)

My commission expires 1-9-18



**AUXILIARY QUESTIONNAIRE  
ALCOHOL BEVERAGE LICENSE APPLICATION**

Submit to municipal clerk.

WI Dr. Lic. # Z340-7847-0386-06

Individual's Full Name (please print)		(last name)	(first name)	(middle name)
		Zietlow	Steven	Donald
Home Address (street/route)		Post Office	City	State
N2448 Three Town Rd.		La Crosse		WI
				Zip Code
				54601
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.
- Secretary** of **Kwik Trip, 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? All my life.
- 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. (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.

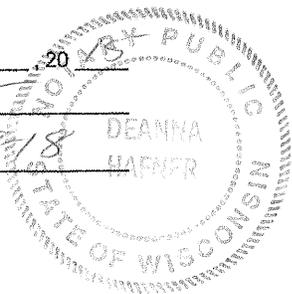
Employer's Name <b>Kwik Trip, Inc.</b>	Employer's Address <b>1626 Oak St., La Crosse, WI 54601</b>	Employed From <b>7/11/1994</b>	To <b>Present</b>
Employer's Name	Employer's Address	Employed From	To

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 30<sup>th</sup> day of January, 2018  
Deanna Hafner  
(Clerk/Notary Public)

My commission expires 1-9-18



[Signature]  
(Signature of Named Individual)



JAN 30 2015

### AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Null		Lori		Sue	
Home Address (street/route) 177 E 9 <sup>th</sup> St		Post Office Fond du Lac	City	State WI	Zip Code 54935
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** of **Kwik Trip, 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? Since 2002
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 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
American Community Mgmt.	1908 Wright Blvd, Schaumburg, IL	5/00	9/02
Community School Dist. 15	Palatine, IL	9/97	9/00

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.

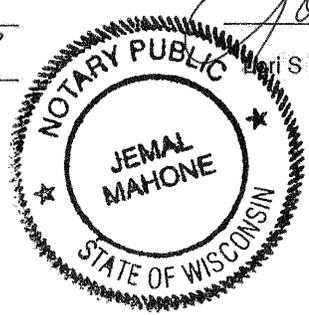
Subscribed and sworn to before me

Notary Public this 29 day of January, 20 15

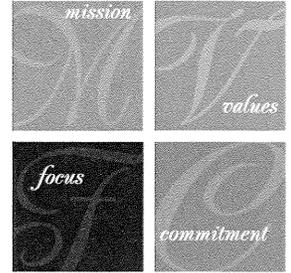
[Signature]  
(Signature of Notary Public)

My commission expires 6/22/18

[Signature]  
(Signature of Named Individual)







VIA EMAIL AND UPS

January 30, 2015

Ms. Maggie Hefter, City Clerk  
City of Fond du Lac  
County Government Center  
P.O. Box 150  
Fond du Lac, WI 54936-0150

RE: Kwik Trip 613  
456 S. Main St.

Dear Maggie:

Thank you for taking the time to talk to me about our interest in applying for a liquor license for use at our Kwik Trip store on South Main Street.

Enclosed please find the completed application form and supporting documentation. I would like to request that you include our application on the agenda of your Alcohol Licensing Committee and City Council meetings for consideration. I understand that you will email me regarding details of such meetings. Please note that I will forward to you under separate cover a \$263.00 check for the license and publication fees.

Please contact me if you require anything further. I can be reached at 608/793-6262 or [dhafner@kwiktrip.com](mailto:dhafner@kwiktrip.com). Thank you for your assistance with this matter. You have been very helpful.

Yours truly,

A handwritten signature in cursive script, appearing to read 'Deanna'.

Deanna Hafner  
Licensing Agent

Enclosures