

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

July 28, 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**

June 30, 2014

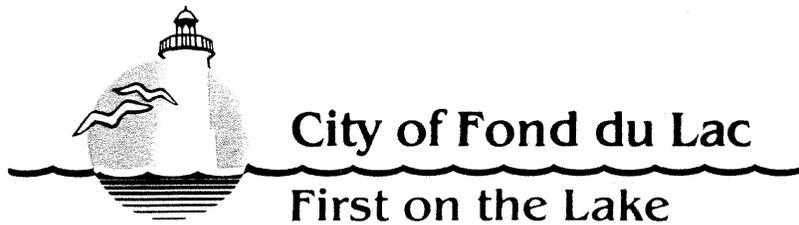
**III. REPORTS OF OFFICERS**

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

Corporation:	Kwik Trip, Inc.
Agent Name:	Teri Rebek
Agent Address:	46 Sammy Jo Circle Fond du Lac, WI 54935
d/b/a:	Kwik Trip #235
Location of Premises:	158 N Main Street
City Council Meet Date:	August 13, 2014

**B. REVIEW ROLE OF ALCOHOL LICENSE COMMITTEE MEMBERS**

**IV. ADJOURN**



# Alcohol Licensing Committee

July 28, 2014

4:00 P.M.

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

June 30, 2014  
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  
Lee Ann Lorrigan  
Kerry Ann Strupp

Absent: - Ray Lapierre (excused)  
David Hopper (excused)  
Tyler Vorpapel (excused)

Administrative Staff: - Deb Hoffmann, City Attorney  
Wayne Rollin, Dir of Comm Dev  
Steve Klein, Asst. Police Chief  
of Operations

Vice-Chairperson Bares declared a quorum present.

**APPROVAL OF MINUTES**

May 19, 2014

Motion made by Lorrigan to approve the minutes of the  
May 19, 2014 Alcohol Licensing Committee minutes as  
presented.

Seconded by Strupp.

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

Carried.

**REPORTS OF OFFICERS**

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

**ALCOHOL LICENSING COMMITTEE MINUTES**

June 30, 2014

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Corporation: Walgreen Co.  
Agent Name: Jason Bischoff  
Agent Address: 2540 W Sunnyview Circle  
Appleton, WI 54914  
d/b/a: Walgreens #15916  
Location of Premises: 1060 E Johnson Street  
City Council Meeting Date: July 9, 2014

Appeared in Support and to Ask/Answer Questions:

Jason Bischoff, 2540 W Sunnyview Circle, Appleton, WI

Motion made by Lorrigan to recommend to City Council approval of the New "Class A" Intoxicating Liquor and Class "A" Fermented Malt Beverage License d/b/a Walgreens #15916, 1060 E Johnson Street.  
Seconded by Anhalt.

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

Carried.

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

Limited Liability Co: Escape House Pub & Grill LLC  
Agent Name: Edward Daniel  
Agent Address: 655 S 7<sup>th</sup> Ave  
West Bend, WI 53095  
d/b/a: Escape House Pub & Grill  
Location of Premises: 65 N Main Street  
City Council Meeting Date: July 9, 2014

Appeared in Support and to Ask/Answer Questions:

Edward Daniel, 655 S 7<sup>th</sup> Ave., West Bend, WI  
Kim Tuttle, 173 E Wash, West Bend, WI

Motion made by Strupp to recommend to City Council approval of the New "Class B" Intoxicating Liquor and Class "B" Fermented Malt Beverage License d/b/a Escape House Pub & Grill, 65 N Main Street.

Motion **dies** for lack of second.



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

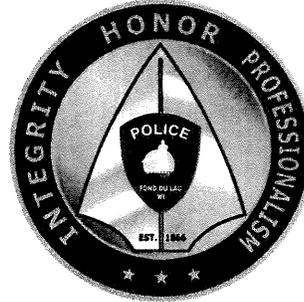
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**City Clerk's Office**

**Date:** July 24, 2014  
**To:** Alcohol License Committee  
**From:** Maggie Hefter  
**RE:** 2014-2015 License "Class A" Intoxicating Liquor and  
Class "A" Fermented Malt Beverage

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

Corporation: Kwik Trip, Inc.  
Agent: Teri Rebek  
Home Address: 46 Sammy Jo Circle  
Fond du Lac, WI 54935  
d/b/a: Kwik Trip 235  
Location of Premises: 158 N Main Street



# Memo

**To:** City Manager Moore

**From:** Chief Lamb

**Date:** 07-23-14

**Re:** Proposed Class A Combination License for Kwik Trip Store (#235) 158 N. Main Street

On July 23, 2014, Assistant Chief Klein, Division Chief of Fire Safety Troy Hasse, Community Development Director Wayne Rollin, City Clerk Maggie Hefter and Joe Reitemeier from the Association of Commerce met with the listed applicant Terri Rebek who is the Manager of the new Kwik Trip Store located at 158 N. Main St. regarding their request for a Class A Intoxicating Liquor and Fermented Malt Beverage license for the above location.

Kwik Trip Inc. will be opening a new store location on September 5, 2014 at the corner of Johnson and Main Streets. This license request will allow Kwik Trip to sell a selection of fermented malt beverages for carry out purposes. Kwik Trip Inc. has operated four other stores in the City of Fond du Lac for many years with no concerns noted by law enforcement. Ms. Rebek 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.

Ms. Rebek will be the listed agent for this location. She has been a licensed agent in the City of Fond du Lac at other Kwik Trip locations with no concerns noted.

Background checks were conducted on Ms. Rebek 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 September 5 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)

Applicant's Wisconsin Seller's Permit Number <u>456-0000287614-03</u>	
Federal Employer Identification Number (FEIN): <u>39-1036365</u>	
LICENSE REQUESTED ▶	
TYPE	FEE
<input checked="" type="checkbox"/> Class A beer	\$ <u>146.70</u>
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input checked="" type="checkbox"/> Class A liquor	\$ <u>416.70</u>
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$ <u>55.00</u>
<b>TOTAL FEE</b>	\$ <u>638.40</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): ▶ Kwik Trip, Inc.  
1626 Oak St., P.O. 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	<u>President</u>	<u>Donald P. Zietlow</u>	<u>2802 Bergamot Pl.</u>	<u>Onalaska, WI 54650</u>
Vice President/Member				
Secretary/Member	<u>Secretary</u>	<u>Steven D. Zietlow</u>	<u>N2448 Three Town Rd.</u>	<u>La Crosse, WI 54601</u>
Treasurer/Member				
Agent ▶	<u>Store Leader</u>	<u>Teri A. Rebek</u>	<u>46 Sammy Jo Circle</u>	<u>Fond du Lac, WI 54935</u>
Directors/Managers		<u>Donald P. Zietlow and Steven D. Zietlow</u>		

3. Trade Name ▶ Kwik Trip 235 Business Phone Number \_\_\_\_\_  
4. Address of Premises ▶ 158 N. Main St 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, 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 lockable
10. Legal description (omit if street address is given above): walk-in cooler and cabinet.
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 7th day of July  
Deanna Hafner (Clerk/Notary Public)  
My commission expires 1-9-2018  
Deanna Hafner (Notary Public)  
Donald P. Zietlow (Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)  
Steven D. Zietlow (Officer of Corporation/Member/Manager of Limited Liability Company/Partner)  
Teri A. Rebek (Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

### TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>7/10/14</u>	Date reported to council/board <u>8-13-14</u>	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

**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 City of Fond du Lac County of Fond du Lac  
 Village of \_\_\_\_\_  
 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 235  
(trade name)

located at 158 N. Main St., Fond du Lac, WI 54935

appoints Teri A. Rebek  
(name of appointed agent)

46 Sammy Jo Circle, 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).  
Agent Kwik Trip 206, Fond du Lac, WI, until new agent appointed

Is applicant agent subject to completion of the responsible beverage server training course?  Yes  No All my life.

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? \_\_\_\_\_

Place of residence last year 46 Sammy Jo Circle, 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, Teri A. Rebek, 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.

Teri A. Rebek 7-9-14 Agent's age [Redacted]  
(signature of agent) (date)  
46 Sammy Jo Circle, Fond du Lac, WI 54935 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 07/23/14 by Steven J. Klei 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	State	Zip Code
2802 Bergamot Pl.		Onalaska		WI	54650
Home Phone Number		Age	Date of Birth	Place of Birth	
608/779-0469					

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) of (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:

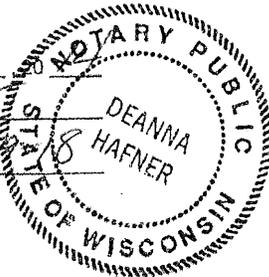
- How long have you continuously resided in Wisconsin prior to this date? All my life.
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or 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.)  
**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 9th day of July  
Deanna Hafner  
(Clerk/Notary Public)



[Signature]  
(Signature of Named Individual)

My commission expires \_\_\_\_\_



Printed on Recycled Paper

Wisconsin Department of Revenue

**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	Zip Code
N2448 Three Town Rd.		La Crosse		WI	54601
Home Phone Number		Age	Date of Birth	Place of Birth	
608/787-5842					

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

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 July, 2018

Deanna Hafner  
(Clerk/Notary Public)

My commission expires 1-9-18



[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)	
Rebek		Teri		Ann	
Home Address (street/route)		Post Office		City	
46 Sammy Jo Circle		Fond du Lac		WI	
Home Phone Number		Age		Date of Birth	
920/979-3662		[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.
  - 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:

- 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	Employer's Address	Employed From	To
Taco Bell	427 W Johnson, Fond du Lac, WI 54935	6/97	10/02
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.

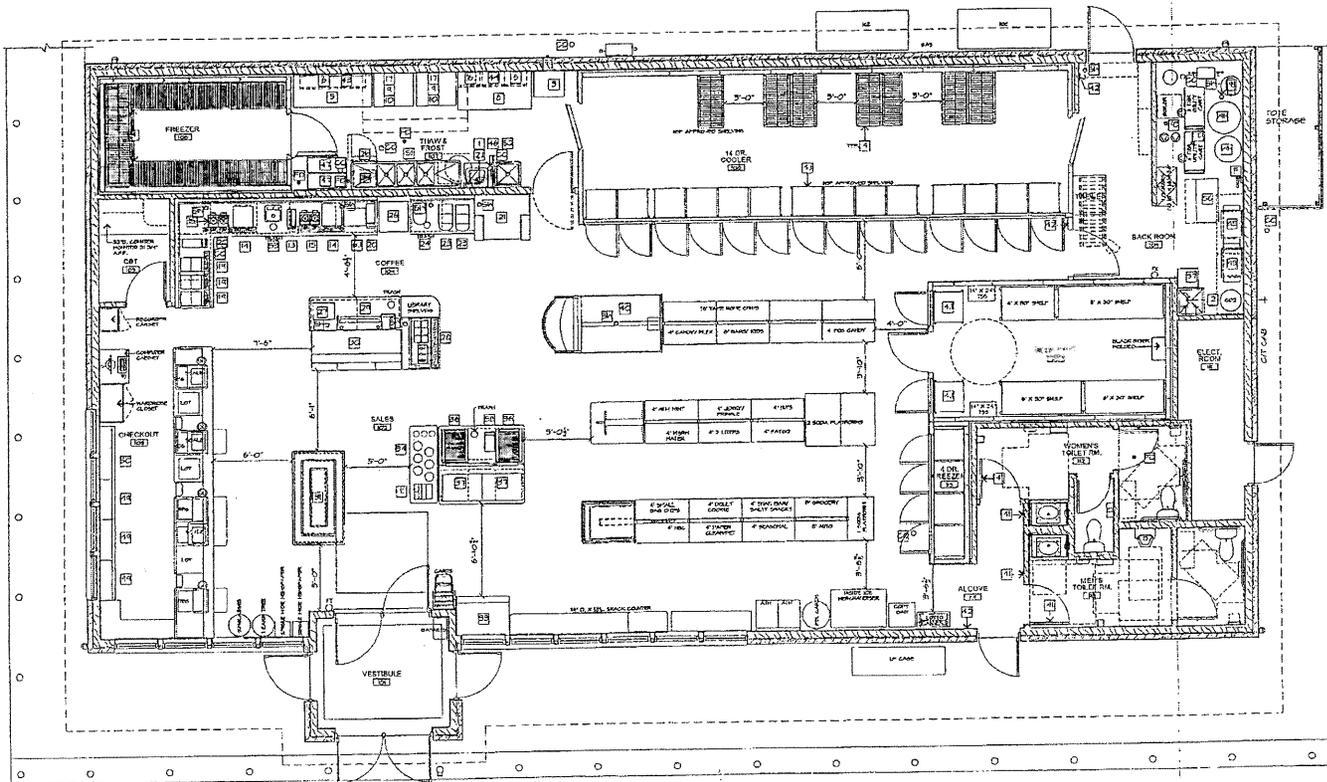
Subscribed and sworn to before me

this 10 day of July, 2014  
[Signature]  
(Clerk/Notary Public)

[Signature]  
(Signature of Named Individual)

My commission expires 2-7-16





1 EQUIPMENT PLAN  
1/4"=1'-0"



MARK	EQUIPMENT SCHEDULE	EQUIPMENT NAME
1	COFFIN DISPENSER	
2	PAKED TOILET DISPENSER	
3,1	PAKED TOILET DISPENSER - KITCHEN	
3	SHOWER RACK WITH COVER	
4	SHelves - COOLERS/FREEZERS	
4,1	SHelves - COOLERS/FREEZERS	
4,2	SHelves - KITCHEN	
5	8'0" PANTRY STEEL TABLE	
5,1	8'0" PANTRY STEEL TABLE W/ CENTER SHEET HOOD	
6	MICROWAVE - KITCHEN	
6,1	MICROWAVE - SNACK	
7	CAPTIVE AIR FOOD	
8	REFRIGERATED FREEZING TABLE	
9	CART STATIONLESS (STEEL)	
10	SUBCOUNTER OVER	
11	DISPOSER & SINK/WAREWASH BASIN	
12	FRIG'S CONDENSER HOLDER	
13	COFFEE GRINDER	
14	COFFEE GRINDER	
15	2 SHOT GREAT STAND (POT VARIETY)	
16	TWELVE PORT BLENDER	
17	THERMOFLEX 10 CUP	
18	AIR FRYER ROTARY BASKET	
19	TOAST MACHINE	
20	SUBMERSIBLE FLAVO-R-POD 2	
21	POLYMER TABLE	
22	BAKERY TABLE	
23	SMOOTHIE MACHINE	
24	10'0" BLENDING MACHINE	
25	COFFEE CART	
26	UPRIGHT FREEZER	
27	CRISPER	
28	ICE/STRAWA CONDIMENT COUNTER	
29	COFFEE EQUIPMENT DISPLAY	
30	COFFEE CASE	
31	BAKERY DISPLAY	
32	LINE STOCKING	
33	DISPENSER SANITIZER (SEE SPECIMEN SHEET)	
34	SOFT FREEZ	
35	FREEZ CASE	
36	HOT DROGGER SUN WARMER	
37	HOT FOOD DISPLAY	
38	PIZZA COOKER	
39	ICE RACK	
40	FRESH CASE	
41	10'0" X 8'0" STEEL COOLER REFRIGERATOR WITH BRANBLE	
42	ADA 5'0" X 8'0" STEEL COOLER WITH BRANBLE	
43	SEE EQUIP. LIST FOR THIS LOCATION	
44	SEE EQUIP. LIST FOR THIS LOCATION	
45	SEE EQUIP. LIST FOR THIS LOCATION	
46	SEE EQUIP. LIST FOR THIS LOCATION	
47	SEE EQUIP. LIST FOR THIS LOCATION	
48	SEE EQUIP. LIST FOR THIS LOCATION	
49	SEE EQUIP. LIST FOR THIS LOCATION	
50	SEE EQUIP. LIST FOR THIS LOCATION	
51	SEE EQUIP. LIST FOR THIS LOCATION	
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**VANTAGE ARCHITECTS INC.**  
 450 N. Main Street  
 Phone: (908) 242-2729  
 Fax: (908) 748-4239

**AMIA TRIP STORES**  
**AMIA STAR STORES**

PROJECT TITLE:  
 Store #235  
 158 N. Main Street  
 Ford City, Pa. W 15435

PROJECT NO:  
 1081.48

DRAWING DATE:  
 01/16/14

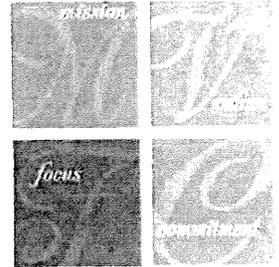
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REVISIONS  
 NO. DATE

SHEET TITLE  
 Equipment Plan

SHEET NO.  
**A102**



VIA EMAIL AND UPS

July 10, 2014

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

RE: Kwik Trip 235  
158 N. Main St.

Dear Maggie:

Thank you for taking the time to talk to me yesterday about the new convenience stores we are building in Fond du Lac. Construction of Kwik Trip 235 will be completed by the end of August and the store is scheduled to begin business operations on Friday, September 5, 2014.

We would like to apply for off-sale beer, liquor, cigarette, loud speaker and soda permits for this store location. Enclosed please find completed application forms and accompanying documentation. Also enclosed is a check to cover the license and publication fees. I respectfully request that you put this on the agenda of your City Council meeting for consideration.

I will call you in a couple of days to confirm that you have everything you need. Please contact me at (608) 793-6262 if you require anything in the meantime. Thank you for your assistance with this matter. You have been very helpful.

Yours truly,

Deanna Hafner  
Licensing Agent

Enclosures