

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

August 25, 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

July 28, 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: Jessica L Christel
Agent Address: 892 Security Dr. Apt I106
Fond du Lac, WI 54935
d/b/a: Kwik Trip #242
Location of Premises: 980 S Hickory Street
City Council Meet Date: September 10, 2014

IV. ADJOURN

**ALCOHOL LICENSING COMMITTEE MINUTES
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

OPENING CEREMONIES

ROLL CALL: Present: - Shawn Anhalt
Lee Ann Lorrigan
Kerry Ann Strupp

Absent: - J. Geoffrey Bares
Ray Lapierre (excused)
David Hopper (excused)
Tyler Vorpapel (excused)

Administrative Staff: - Deb Hoffmann, City Attorney
Steve Klein, Asst. Police Chief
Of Operations

City Clerk Margaret Hefter declared a quorum present.

APPROVAL OF MINUTES

June 30, 2014

Motion made by Strupp to approve the minutes of the
June 30, 2014 Alcohol Licensing Committee minutes as
presented.

Seconded by Lorrigan.

ROLL CALL VOTE: Aye - Anhalt, 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**

Corporation: Kwik Trip, Inc.
Agent Name: Teri Rebek
Agent Address: 46 Sammy Jo Circle
Fond du Lac, WI 54935

ALCOHOL LICENSING COMMITTEE MINUTES

July 28, 2014

Page 2

d/b/a: Kwik Trip #235
Location of Premises: 158 N Main Street
City Council Meet Date: August 13, 2014

Motion made by Strupp to recommend to City Council approval of the new "Class A" Intoxicating Liquor and Class "A" Fermented Malt Beverage License d/b/a Kwik Trip #235, 158 N Main Street.

Seconded by Anhalt.

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

Carried.

REVIEW ROLE OF ALCOHOL LICENSE COMMITTEE MEMEBERS

General discussion ensued. No formal action was taken at this meeting.

ADJOURN

Motion made by Strupp to adjourn.

Seconded by Lorrigan.

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

Carried.

Meeting adjourned at 4:15 p.m.

MARGARET HEFTER
CITY CLERK

MH/maa

CITY OF FOND DU LAC - Memorandum

City Clerk's Office

Date: August 21, 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: Jessica L Christel
Home Address: 892 Security Dr Apt I106
Fond du Lac, WI 54935
d/b/a: Kwik Trip 242
Location of Premises: 980 S Hickory Street



Memo

To: City Manager Moore

From: Chief Lamb

Date: 08-18-14

Re: Proposed Class A Combination License for Kwik Trip Store (#242) 980 S. Hickory Street

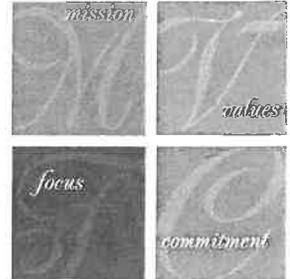
On August 18, 2014, Assistant Chief Klein, Community Development Director Wayne Rollin, and Joe Reitemeier from the Association of Commerce met with the listed applicant Jessica Christel who is the Manager of the new Kwik Trip Store located at 980 S. Hickory Street regarding their request for a Class A Intoxicating Liquor and Fermented Malt Beverage license for the above location.

Kwik Trip Inc. will be opening a new store location on October 9, 2014 at the corner of Hickory and Pioneer Rd. This license request will allow Kwik Trip to sell a selection of fermented malt beverages for carry out purposes. This store will be a Kwik Trip truck stop facility.

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 and will also be opening a 5th store location in Fond du Lac in addition to this location. Ms. Christel 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 "beer cave cooler" where the licensed products will be sold, have built in timers that automatically lock between the hours of 9 p.m. and 8 a.m. and 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. Christel will be the listed agent for this location. She has been a licensed agent at other Kwik Trip locations with no concerns noted.

Background checks were conducted on Ms. Christel 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.



VIA CERTIFIED MAIL

July 16, 2014

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 242
980 S. Hickory St.

Dear Maggie:

As we discussed a few days ago, we are building two new convenience stores in Fond du Lac. Construction of Kwik Trip 242 will be completed October 3, 2014 and the store is scheduled to begin business operations on Thursday, October 9, 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,

A handwritten signature in cursive script that reads 'Deanna'.

Deanna Hafner
Licensing Agent

Enclosures

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning October 9 20 14 ;
ending June 30 20 15

TO THE GOVERNING BODY of the: Town of } Fond du Lac
 Village of }
 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): ► 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	President Donald P. Zietlow	2802 Bergamot Rd.	Onalaska, WI 54650
Vice President/Member			
Secretary/Member	Secretary Steven D. Zietlow	N2448 Three Town Rd.	La Crosse, WI 54601
Treasurer/Member			
Agent	► Store Leader Jessica L Christel	892 Security Dr, Apt I 106,	Fond du Lac, WI 54935
Directors/Managers	Donald P. Zietlow and Steven D. Zietlow		

3. Trade Name ► Kwik Trip 242 Business Phone Number _____
4. Address of Premises ► 980 S. Hickory 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.)

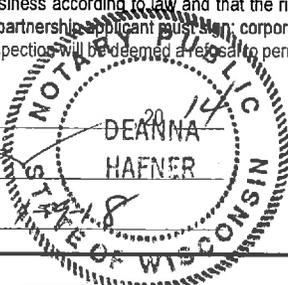
9. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) One-story frame construction with storage in lockable

10. Legal description (omit if street address is given above): _____
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 15th day of July
Deanna Hafner
(Clerk/Notary Public)



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

[Signature]
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner)

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	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 Village City of City of Fond du Lac County of Fond du Lac

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 242
(trade name)

located at 980 S. Hickory St., Fond du Lac, WI 54935

appoints Jessica L. Christel
(name of appointed agent)

892 Security Dr., Apt. I 106, 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 All my life.
How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin?

Place of residence last year 892 Security Dr., Apt. I 106, 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, Jessica L. Christel, 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.

Jessica L. Christel 7-14-14
(signature of agent) *(date)*
892 Security Dr., Apt. I 106, Fond du Lac, WI 54935
(home address of agent)

Agent's age [Redacted]
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 08/18/14 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	State	Zip Code
2802 Bergamot Pl.		Onalaska		WI	54650
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.
- 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:

1. How long have you continuously resided in Wisconsin prior to this date? All my life.
2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
Please see reverse
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
(Name, Location and Type of License/Permit)
5. Do you hold and/or are you an officer, director, stockholder, agent or employee 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 Kwik Trip, Inc.	Employer's Address 1626 Oak St., La Crosse, WI 54601	Employed From 9/1/89	To Present
Employer's Name Gateway Foods	Employer's Address La Crosse, WI	Employed From 1963	To 1989

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 July, 2019
Deanna Hafner
(Clerk/Notary Public)



[Signature]
(Signature of Named Individual)

My commission expires 1-9-20



Printed on Recycled Paper

**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		
[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 Kwik Trip, Inc.	Employer's Address 1626 Oak St., La Crosse, WI 54601	Employed From 7/11/1994	To 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 July, 2006

Deanna Hafner
(Clerk/Notary Public)

My commission expires 1-9-10



[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)	
Christel		Jessica		Lee	
Home Address (street/route)		Post Office	City	State	Zip Code
892 Security Dr., Apt. I 106		Fond du Lac		WI	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? All my life
2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
 If yes, describe status of charges pending.
4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
 If yes, identify. (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 Aurora Health Care	Employer's Address 7th St, Sheboygan, WI 53083	Employed From 6/08	To 9/10
Employer's Name Edgewood Pub & Grill	Employer's Address Tyler St, Valders, WI 54245	Employed From 12/03	To 6/08

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 14th day of July, 20 14
[Signature]
(Clerk/Notary Public)
 My commission expires 2-7-16

[Signature]
(Signature of Named Individual)
 Jessica L. Christel



