



January 2, 2014

To: Common Council
From: Debbie Galeazzi, Clerk *DG*

Subject: Change of Agent for the Kwik Trip, 1870 USH 10/STH 114, Menasha

A change of agent from Jessica A. Hartjes to Lori Duj has been requested by the Kwik Trip, Inc, 1870 USH 10/STH 114, Menasha. The request is being made as Ms. Hartjes is no longer the manager of the store. All proper paperwork has been filed with the Clerk's office. A check of municipal and state criminal records on Ms. Duj was completed by the Police Dept. Based on the information received there is no objection to the new agent appointment.

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 Menasha County of Calumet
 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 #743

(trade name)

located at 1870 USH 10/STH 114, Menasha, WI 54952

Lori Duj

(name of appointed agent)

appoints 944 Marquette St., Menasha, WI 54952
(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 of Kwik Trip 359 in Town of Grand Chalk until new agent appointment approved.

Is applicant agent subject to completion of the responsible beverage server training course? Yes No Since July 1988

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

Place of residence last year 944 Marquette St., Menasha, WI 54952

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 Duj, 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.

Lori Duj 12-5-13 Agent's age [Redacted]
(signature of agent) (date)
944 Marquette St., Menasha, WI 54952 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 12/6/13 by Ronald Bouchard Title Police Dept
(date) (signature of proper local official) (town chair, village president, police chief)

**AUXILIARY QUESTIONNAIRE
ALCOHOL BEVERAGE LICENSE APPLICATION**

Submit to municipal clerk.

Individual's Full Name (please print) (last name) (first name) (middle name)	
Duj	Lori Ann
Home Address (street/route) 944 Marquette St.	Post Office Menasha City State WI Zip Code 54952
Home Phone Number [REDACTED]	Age [REDACTED] Date of Birth [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? Since July 1988
- 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. Agent of Kwik Trip 359 on the Town of Grand Chute until new agent appointed.
(Name, Location and Type of License/Permit)
- 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)
- Named individual must list in chronological order last two employers.

Employer's Name Waverly 76 Station	Employer's Address Hwy 10-114, Menasha, WI	Employed From 6/94	To 2/95
Employer's Name Shopko	Employer's Address 1000 Northland Ave, Appleton, WI	Employed From 5/90	To 4/94

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 5th day of December, 2013

[Signature]
(Notary Public)

My commission expires Jan 15, 2014

[Signature]
(Signature of Named Individual)

