



MEMORANDUM

DATE: September 30, 2015  
TO: Common Council  
FROM: Debbie Galeazzi, Clerk  
SUBJECT: Kwik Trip, Inc., 1499 Appleton Road, Menasha

An application for a “Class A” Intoxicating Liquor and Fermented Malt Beverage for the 2015-2016 liquor licensing year has been submitted by Kwik Trip, Inc. for the premises at 1499 Appleton Road, Menasha.

In accordance with Section 7-2-8 of the City Code, the Police Department completed a background check and has no objections. The Fire Department, Health Department, and Building Inspectors have inspected the property and have no reason to hold up the liquor license approval. All financial obligations to the City are current.

Staff recommends approving the “Class A” Intoxicating Liquor and Fermented Malt Beverage license.

# ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning OCTOBER 22 20 15 ;  
ending JUNE 30 20 16

TO THE GOVERNING BODY of the:  Town of }  
 Village of } MENASHA  
 City of }

County of WINNEBAGO Aldermanic Dist. No. \_\_\_\_\_ (if required by ordinance)

Applicant's WI Seller's Permit No. 456000028761403		FEIN Number: 39-1036365	
LICENSE REQUESTED ▶			
TYPE		FEE	
<input checked="" type="checkbox"/> Class A beer		\$	
<input type="checkbox"/> Class B beer		\$	
<input type="checkbox"/> Class C wine		\$	
<input checked="" type="checkbox"/> Class A liquor		\$	
<input type="checkbox"/> Class A liquor (cider only)		\$	N/A
<input type="checkbox"/> Class B liquor		\$	
<input type="checkbox"/> Reserve Class B liquor		\$	
<input type="checkbox"/> Class B (wine only) winery		\$	
Publication fee		\$	<u>50.00</u>
<b>TOTAL FEE</b>		\$	

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	TERA M. GIRDAUSKAS	762 VINE AVE.	OSHKOSH, WI 54901
Directors/Managers		DONALD P. ZIETLOW AND STEVEN D. ZIETLOW		

3. Trade Name ▶ KWIK TRIP 297 Business Phone Number \_\_\_\_\_  
4. Address of Premises ▶ 1499 APPLETON RD Post Office & Zip Code ▶ MENASHA 54952

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 WALK-IN
10. Legal description (omit if street address is given above): COOLER 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? \_\_\_\_\_
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 they must hold a Wisconsin Seller's Permit? [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 31st day of August  
Deanna Hafner  
(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>9/1/15</u>	Date reported to council/board	Date provided to licensee	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)	
Zietlow		Donald		Paul	
Home Address (street/route)		Post Office		City	
2802 Bergamot Pl.		Onalaska		WI 54650	
Home Phone Number		Age		Date of Birth	
				Place of Birth	

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:

- 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)

6. Named individual must list in chronological order last two employers.

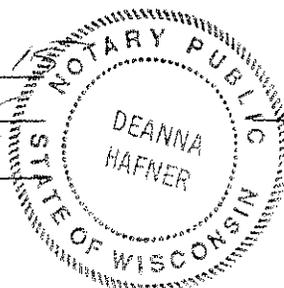
Employer's Name	Employer's Address	Employed From	To
Kwik Trip, Inc.	1626 Oak St., La Crosse, WI 54601	9/1/89	Present
Gateway Foods	La Crosse, WI	1963	1989

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 31st day of August, 2018

Deanna Hafner  
(Clerk/Notary Public)



Donald Paul Zietlow  
(Signature of Named Individual)

My commission expires 4-9-18



# AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

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	

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:

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

The undersigned, being first duly sworn on oath, deposes and says that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application.

Subscribed and sworn to before me

this 31st day of August, 2015

Deanna Hafner  
(Clerk/Notary Public)



[Signature]  
(Signature of Named Individual)

My commission expires 4-9-18



**AUXILIARY QUESTIONNAIRE  
ALCOHOL BEVERAGE LICENSE APPLICATION**

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Girdauskas		Tera		Michelle	
Home Address (street/route) 762 Vine Ave.		Post Office Oshkosh	City	State WI	Zip Code 54901
Home Phone Number		Age	Date of Birth	Place of Birth	

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.**  
(Office/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 1978
- 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.)  
1997 Issuing worthless checks - fine
- 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
Wisc. Hospitality Group	2120 Pewaukee Rd., Waukesha, WI 53188	11/05	4/13
Supple Restaurant Group	1621 Congress Ave., Oshkosh, WI 54901	6/97	11/05

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.

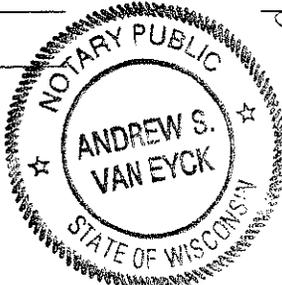
Subscribed and sworn to before me

Notary Public this 26<sup>th</sup> day of August, 2015  
(Clerk/Notary Public)

My commission expires 10/26/18

Tera M. Girdauskas  
(Signature of Named Individual)

Tera M. Girdauskas



Printed on Recycled Paper

Wisconsin Department of Revenue

**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 Menasha County of Calumet

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 297  
(trade name)

located at 1499 Appleton Rd., Menasha, WI 54952

appoints Tera M. Girdauskas

(name of appointed agent)  
762 Vine Ave., Oshkosh, WI 54901  
(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 Since 1978  
How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin?

Place of residence last year 762 Vine Ave., Oshkosh, WI 54901

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, Tera M. Girdauskas, 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] 08-23-15 Agent's age \_\_\_\_\_  
(signature of agent) (date)  
762 Vine Ave., Oshkosh, WI 54901 Date of birth \_\_\_\_\_  
(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 9/14/15 by Ronald Bouchard Title W. Police  
(date) (signature of proper local official) (town chair, village president, police chief)



WISCONSIN DEPARTMENT OF REVENUE  
PO BOX 8902  
MADISON, WI 53708-8902

**Contact Information:**

2135 RIMROCK RD PO BOX 8902  
MADISON, WI 53708-8902  
ph: 608-266-2776 fax: 608-264-6884  
email: DORBusinessTax@revenue.wi.gov  
website: revenue.wi.gov

Letter ID L1434876000

ATTN DEANNA HAFNER  
KWIK TRIP, INC.  
PO BOX 2107  
LA CROSSE WI 54602-2107

## Wisconsin Department of Revenue Seller's Permit

<b>Legal/real name:</b>	KWIK TRIP, INC.
<b>Business name:</b>	KWIK TRIP 297 1499 APPLETON RD MENASHA WI 54952-1101

- This certificate confirms you are registered with the Wisconsin Department of Revenue and authorized in the business of selling tangible personal property and taxable services.
- You may not transfer this permit.
- This permit must be displayed at the place of business and is not valid at any other location.
- If your business is not operated from a fixed location, you must carry or display this permit at all events.

<b>Tax Type</b>	<b>Account Type</b>	<b>Account Number</b>
Sales & Use Tax	Seller's Permit	456-0000287614-03