Applicant **License Application ( )**

Name of Applicant: Kwik Trip, Inc.

Name of Business (DBA): Kwik Star #1032

Address of Premises: 3990 Blairs Ferry Rd NE

City Hiawatha **County:** Linn **Zip:** 52402

Business (608) 793-6262

Mailing PO Box 2107

City La Crosse **State** WI **Zip:** 54602

Contact Person

Name Deanna Hafner

Phone: (608) 793-6262 **Email** LicensingDept@kwiktrip.com

Classification Class C Beer Permit (BC)

Term: 12 months

Effective Date: 09/16/2019

Expiration Date: 01/01/1900

Privileges:

Class B Wine Permit

Class C Beer Permit (BC)

Sunday Sales

Status of Business

BusinessType: Privately Held Corporation

Corporate ID Number: XXXXXXXXX **Federal Employer ID** XXXXXXXXX

Ownership

Donald Zietlow

First Name: Donald **Last Name:** Zietlow

City: Onalaska **State:** Wisconsin **Zip:** 54650

Position: President

% of Ownership: 100.00% **U.S. Citizen: Yes**

Thomas Reinhart

First Name: Thomas **Last Name:** Reinhart

City: Onalaska **State:** Wisconsin **Zip:** 54650

Position: Secretary

% of Ownership: 0.00% **U.S. Citizen: Yes**

Jeffrey Wrobel

First Name: Jeffrey **Last Name:** Wrobel

City: La Crosse **State:** Wisconsin **Zip:** 54601

Position: Treasurer

% of Ownership: 0.00% **U.S. Citizen: Yes**

Insurance Company Information

Insurance Company:	
Policy Effective Date:	**Policy Expiration**
Bond Effective	**Dram Cancel Date:**
Outdoor Service Effective	**Outdoor Service Expiration**
Temp Transfer Effective	**Temp Transfer Expiration Date:**

Iowa Department of REVENUE

Iowa Retail Permit Application For Cigarette/Tobacco/Nicotine/Vapor

https://tax.iowa.gov

Instructions on the reverse side

For period (MM/DD/YYYY) 09 / 16 / 2019 through June 30, 2020

I/we apply for a retail permit to sell cigarettes, tobacco, alternative nicotine, or vapor products:

Business Information:

Trade Name/DBA Kwik Star #1032

Physical Location Address 3990 Blairs Ferry Rd. N.E. City Cedar Rapids ZIP 52402

Mailing Address P.O. Box 2107 City La Crosse State WI ZIP 54602

Business Phone Number _____

Legal Ownership Information:

Type of Ownership: Sole Proprietor ☐ Partnership ☐ Corporation ☒ LLC ☐ LLP ☐

Name of sole proprietor, partnership, corporation, LLC, or LLP Kwik Trip, Inc.

Mailing Address P.O. Box 2107 City La Crosse State WI ZIP 54602

Phone Number 608-793-6262 Fax Number 608-793-6120 Email LicensingDept@kwiktrip.com

Retail Information:

Types of Sales: Over-the-counter ☒ Vending machine ☐

Types of Products Sold: (Check all that apply)

Cigarettes ☒ Tobacco ☒ Alternative Nicotine Products ☒ Vapor Products ☒

Type of Establishment: (Select the option that best describes the establishment)

Alternative nicotine/vapor store ☐ Bar ☐ Convenience store/gas station ☒ Drug store ☐
Grocery store ☐ Hotel/motel ☐ Liquor store ☐ Restaurant ☐ Tobacco store ☐
Has vending machine that assembles cigarettes ☐ Other ☐ _____

If application is approved and permit granted, I/we do hereby bind ourselves to a faithful observance of the laws governing the sale of cigarettes, tobacco, alternative nicotine, and vapor products.

Signature of Owner(s), Partner(s), or Corporate Official(s)

Name (please print) Donald P. Zietlow

Signature Donald P. Zietlow

Date JUL 15 2019

Name (please print) _____

Signature _____

Date _____

Send this completed application and the applicable fee to your local jurisdiction. If you have any questions contact your city clerk (within city limits) or your county auditor (outside city limits).

FOR CITY CLERK/COUNTY AUDITOR ONLY – MUST BE COMPLETE

- Fill in the amount paid for the permit: _____
- Fill in the date the permit was approved by the council or board: _____
- Fill in the permit number issued by the city/county: _____
- Fill in the name of the city or county issuing the permit: _____
- New ☐ Renewal ☐

Send completed/approved application to Iowa Alcoholic Beverages Division within 30 days of issuance. Make sure the information on the application is complete and accurate. A copy of the permit does not need to be sent; only the application is required. It is preferred that applications are sent via email, as this allows for a receipt confirmation to be sent to the local authority.

- Email: iapledge@iowaabd.com
- Fax: 515-281-7375