



# City of Madison Liquor/Beer License Application

On-Premises Consumption:  Class B Beer  Class B Liquor  Class C Wine  
Off-Premises Consumption:  Class A Beer  Class A Liquor

## Section A – Applicant

1. If needed, a qualified interpreter can be provided at no charge to you. Would you like an interpreter?  
 Yes (language: \_\_\_\_\_)  
 No (If you answer no and you do require an interpreter, the ALRC will refer your application to a subsequent meeting and this may delay your application process)

Si usted requiere o necesita un/a intérprete, nosotros podemos proveer un/a intérprete sin costo alguno. ¿Le gustaría tener un/a intérprete?

- Sí, lenguaje \_\_\_\_\_  
 No. Si usted escoge “no” en la solicitud/aplicación, y usted sí requiere un/a intérprete, el comité remitirá su solicitud para una nueva junta y esto puede atrasar el proceso de su solicitud.

2. This application is for the license period ending June 30, 2015.
3. List the name of your  Sole Proprietor,  Partnership,  Corporation/Nonprofit Organization or  Limited Liability Company exactly as it appears on your State Seller’s Permit.

Kwik Trip, Inc.

4. Trade Name (doing business as) Kwik Trip 268

5. Address to be licensed 1423 Monroe St., Madison, WI 53711

6. Mailing address P.O. Box 2107, La Crosse, WI 54602-2107

7. Anticipated opening date 08/08/2014

8. Is the applicant an employee or agent of, or acting of behalf of anyone except the applicant named in question 2?  
 No  Yes (explain) \_\_\_\_\_

9. Does another alcohol beverage licensee or wholesale permittee have interest in this business?  
 No  Yes (explain) \_\_\_\_\_

## Section B—Premises

10. Describe in words the building or buildings where alcohol beverages are to be sold and stored. Include all rooms including living quarters, if used, and any outdoor seating used for the sales, service, and/or storage of alcohol beverages and records. Alcohol beverages may be sold and stored only on the premises as approved by Common Council and described on license.

One-story frame construction with storage in lockable walk-in cooler and  
cabinetry that is locked during non-sales hours.

LIC1A-2014-00310

11.  Attach a floor plan, no larger than 8 ½ by 14, showing the space described above.

12. Applicants for on-premises consumption: list estimated capacity NA

13. Describe existing parking and how parking lot is to be monitored.

NA - No Parking Lot

14. Was this premises licensed for the sale of liquor or beer during the past license year?

No  Yes, license issued to The Stadium Sportsbar & Eatery (name of licensee)

15.  Attach copy of lease.

### Section C—Corporate Information

This section applies to corporations, nonprofit organizations, and Limited Liability Companies only. Sole proprietorships and partnerships, skip to Section D.

16. Name of liquor license agent Alexander Abel

17. City, state in which agent resides Oregon, WI

18. How long has the agent continuously resided in the State of Wisconsin? Entire Life.

19.  Appointment of agent form and background check form are attached.

20. Has the liquor license agent completed the responsible beverage server training course?

No, but will complete prior to ALRC meeting  Yes, date completed 7/6/10

21. State and date of registration of corporation, nonprofit organization, or LLC.

Wisconsin, 10/7/64

22. In the table below list the directors of your corporation or the members of your LLC.

Attach background check forms for each director/member.

Title	Name	City and State of Residence
President	Donald Zietlow	Onalaska, WI
Secretary	Steven Zietlow	La Crosse, WI

23. Registered agent for your corporation or LLC. This is your agent for service of process, notice or demand required or permitted by law to be served on the corporation. This is not necessarily the same as your liquor agent.

Thomas E. Reinhart

24. Is applicant a subsidiary of any other corporation or LLC?  
 No  Yes (explain) \_\_\_\_\_
25. Does the corporation, any officer, any director, any stockholder, liquor agent, LLC, any member, or any manager hold any interest in any other alcohol beverage license or permit in Wisconsin?  
 No  Yes (explain) Please see enclosed list of Kwik Trip, Inc. locations in Wisc.

**Section D—Business Plan**

26. What type of establishment is contemplated?  
 Tavern  Nightclub  Restaurant  Liquor Store  Grocery Store  
 Convenience Store without gas pumps  Convenience Store with gas pumps  
 Other \_\_\_\_\_

27. Business description Retail convenience store. Items sold will consist of ready-to-eat food, grocery, frozen, bakery, dairy, beverage (coffee, soda, beer, wine, liquor). Alcohol beverages sold will be Class A off-sale only.

28. Hours of operation 24-hour / day

29. Describe your management experience Alex Abel has been employed by Kwik Trip since 6/8/06. He became a shift manager, 2/27/09, an assistant manager 5/21/10, a management trainee 2/18/11 and a manager 4/13/12.

30. List names of managers below, along with city and state of residence.  
Alexander K. Abel Oregon, WI

31. Describe staffing levels and staff duties at the proposed establishment Total of 16 co-workers.  
Job duties will consist of food prep, cashiers, stock crew, cleaning and a leadership team.

32. Describe your employee training Online Learn2Serve training course, also complete Kwik Trip's computer-based alcohol and tobacco training.

33. Utilizing your market research, describe your target market.

Three-mile radius. College students will be the key market.

34. Describe how you plan to advertise and promote your business. What products will you be advertising?

Local newspaper and direct mail. Majority of items advertised will be our

food products and foods we produce - milk, bread, dairy, bakery, pizza, etc.

We will promote certain grocery and beverage items also.

35. Are you operating under a lease or franchise agreement?  No  Yes

36. Private organizations (clubs): Do your membership policies contain any requirement of "invidious" (likely to give offense) discrimination in regard to race, creed, color, or national origin?

No  Yes *NA*

### Section E—Consumption on Premises *NA*

This section applies to Class B and Class C applicants only. Class A license applicants (consumption off premises) may skip to Section F.

37. Do you plan to have live entertainment?  No  Yes—what kind? \_\_\_\_\_

38. What age range do you hope to attract to your establishment? \_\_\_\_\_

39. What type of food will you be serving, if any? \_\_\_\_\_  
 Breakfast  Brunch  Lunch  Dinner

40. Submit a sample menu if applicable. What will be included on your operational menu?  
 Appetizers  Salads  Soups  Sandwiches  Entrees  Desserts  
 Pizza  Full Dinners

41. During what hours of operation do you plan to serve food? \_\_\_\_\_

42. What hours, if any, will food service not be available? \_\_\_\_\_

43. Indicate any other product/service offered. \_\_\_\_\_

44. Will your establishment have a kitchen manager?  No  Yes

45. Will you have a kitchen support staff?  No  Yes

46. How many wait staff do you anticipate will be employed at your establishment? \_\_\_\_\_

During what hours do you anticipate they will be on duty? \_\_\_\_\_

47. Do you plan to have hosts or hostesses seating customers?  No  Yes

48. Do your plans call for a full-service bar?  No  Yes  
 If yes, how many barstools do you anticipate having at your bar? NA  
 How many bartenders do you anticipate having work at one time on a busy night? NA
49. Will there be a kitchen facility separate from the bar?  No  Yes NA
50. Will there be a separate and specific area for eating only?  
 No  Yes, capacity of that area 30-35
51. What type of cooking equipment will you have?  
 Stove  Oven  Fryers  Grill  Microwave
52. Will you have a walk-in cooler and/or freezer dedicated solely to the storage of food products?  
 No  Yes
53. What percentage of payroll do you anticipate devoting to food operation salaries? 35%
54. If your business plan includes an advertising budget:  
 What percentage of your advertising budget do you anticipate will be related to food? 85%  
 What percentage of your advertising budget do you anticipate will be drink related? 5%
55. Are you currently, or do you plan to become, a member of the Madison—Dane County Tavern League or the Tavern League of Wisconsin?  No  Yes
56. Are you currently, or do you plan to become, a member of the Wisconsin Restaurant Association or the National Restaurant Association?  No  Yes
57. All restaurants and taverns serving alcohol must substantiate their gross receipts for food and alcohol beverage sales broken down by percentage. New establishments estimate percentages: NA  
         % Alcohol               % Food               % Other
58. Do you have written records to document the percentages shown?  No  Yes  
 You may be required to submit documentation verifying the percentages you've indicated.

**Section F—Required Contacts and Filings**

59. I understand that liquor/beer license renewal applications are due April 15 of every year, regardless of when license was initially granted.  No  Yes
60. I understand that I am required to host an information session at least one week before the ALRC meeting.  No  Yes
61. I agree to contact the Alderperson for this location to discuss my application and to invite the Alderperson to my information session.  No  Yes
62. I agree to contact the Police Department District Captain for this location prior to the ALRC meeting.  No  Yes
63. I agree to contact the Alcohol Policy Coordinator prior to the ALRC meeting.  No  Yes
64. I agree to contact the neighborhood association representative prior to the ALRC meeting.  
 No  Yes

- 65. I understand we must file a Special Occupational Tax return (TTB form 5630.5) before beginning business. [phone 1-800-937-8864]  No  Yes
- 66. I 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]  No  Yes
- 67. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  No  Yes

**Section G—Information for Clerk's Office**

68. State Seller's Permit 456-0000287614-03

69. Federal Employer Identification Number 39-1036365

70. Who may we contact between 8 a.m. and 4:30 p.m. regarding this license?

Contact person Deanna Hafner

E-mail address dhafner@kwiktrip.com

Phone 608/793-6262 Preferred language English

71. Corporate attorney, if applicable: Name \_\_\_\_\_

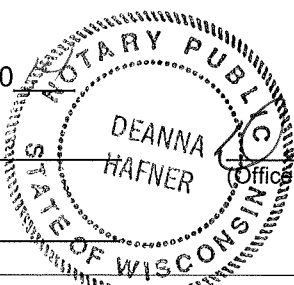
Phone \_\_\_\_\_ E-mail \_\_\_\_\_

**Read carefully before signing in front of a notary:** Under penalty provided by law, the applicant states that the above information has been truthfully completed to the best of the knowledge of the signer. Signer agrees to operate the business according to law, and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. Lack of access to any portion of 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 29<sup>th</sup> day of April, 2018

Deanna Hafner  
(Clerk/Notary Public)



[Signature]  
(Officer of Corporation/Member of LLC/Partner/Sole Proprietor)

My commission expires 1-9-18

Clerk's Office checklist for complete applications		
<input type="checkbox"/> Orange sign <input checked="" type="checkbox"/> WI Seller's Permit Certificate (matching articles of incorporation) <input checked="" type="checkbox"/> FEIN <input checked="" type="checkbox"/> Notarized application <input checked="" type="checkbox"/> Written description of premises	<input checked="" type="checkbox"/> Background investigation form(s) <input type="checkbox"/> Form for surrender of previous license <input checked="" type="checkbox"/> *Articles of Incorporation <input checked="" type="checkbox"/> *Notarized Appointment of Agent * Corporation/LLC only	<input checked="" type="checkbox"/> Floor Plans <input checked="" type="checkbox"/> Lease <input type="checkbox"/> Sample Menu <input checked="" type="checkbox"/> Business Plan
Date complete application filed with Clerk's Office _____		
Date of ALRC meeting _____ Date license granted by Common Council _____		
Date provisional issued _____ Date license issued _____ License number _____		

**CLARSON**  
ARCHITECTS  
200 Market Street, 13  
Oranjestad, St. Maarten  
Curacao, St. Maarten  
Tel: +599 9 4660000  
www.clarson.com

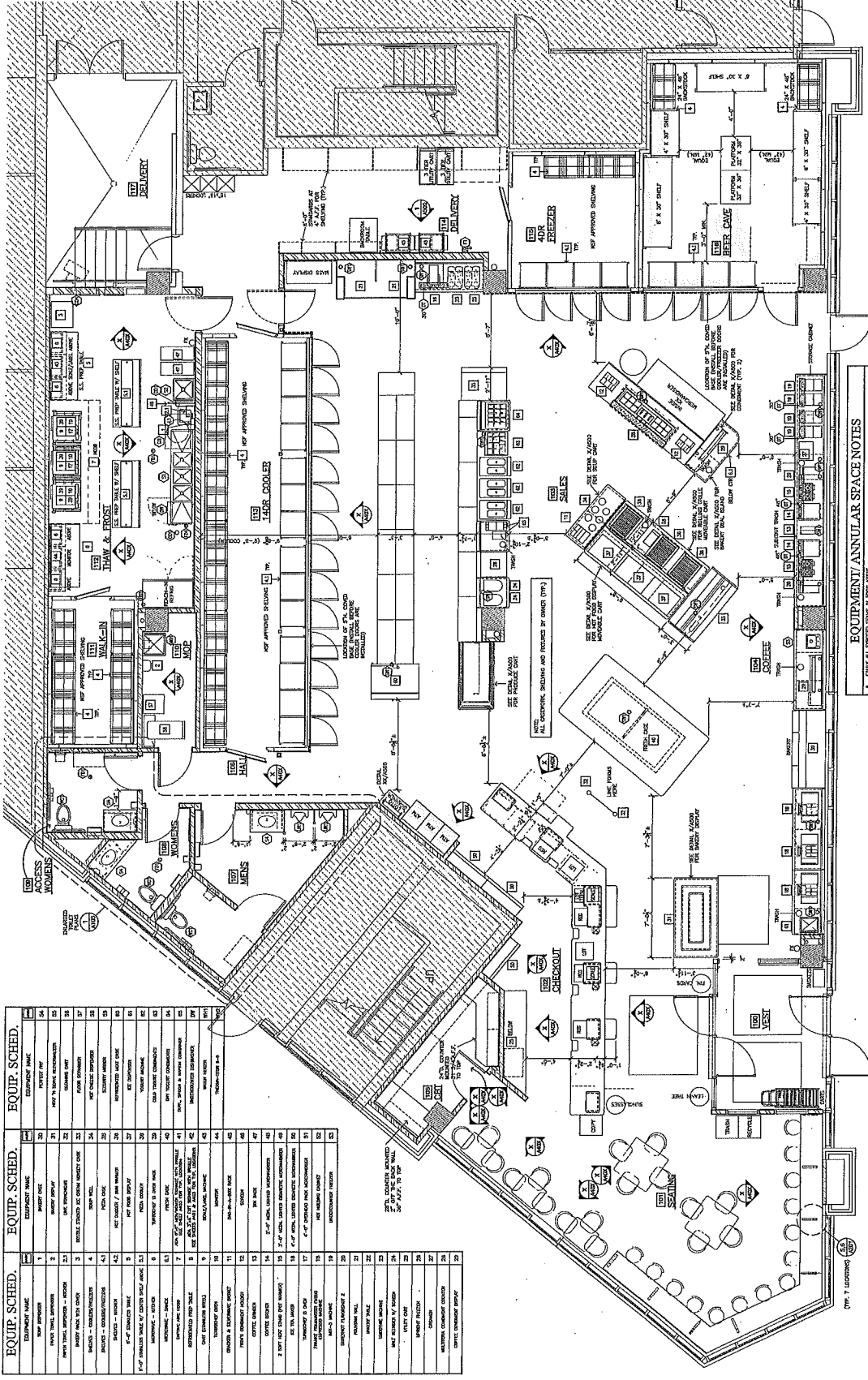
**Kwik Trip STORES**  
**Kwik Star STORES**

**VARITY QUARTERS**  
RETAIL STORE  
1423 MONROE STREET  
MADISON, WI  
STORE #268

Revised: 1.13.13 EXHIBIT  
Checked: TFL  
Date: FEB 28, 14



**A102**



- EQUIPMENT/ANNUAL SPACE NOTES**
- A. CHECK ALL EQUIPMENT FOR CLEARANCE
  - B. CHECK THE COMPARTMENT AT WALL
  - C. EQUIPMENT MUST OCCUPY DESIGNATED EQUIPMENT SPACE
  - D. CHECK FOR ALL EQUIPMENT SPACES AND CLEARANCE. MARK UP THIS DRAWING WITH ALL EQUIPMENT SPACES AND CLEARANCE. CHECK FOR ALL EQUIPMENT SPACES AND CLEARANCE. CHECK FOR ALL EQUIPMENT SPACES AND CLEARANCE.
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  - F. CHECK FOR ALL EQUIPMENT SPACES AND CLEARANCE. CHECK FOR ALL EQUIPMENT SPACES AND CLEARANCE. CHECK FOR ALL EQUIPMENT SPACES AND CLEARANCE.

EQUIP. SCHED.		EQUIP. SCHED.		EQUIP. SCHED.	
EQUIPMENT NAME	QUANTITY	EQUIPMENT NAME	QUANTITY	EQUIPMENT NAME	QUANTITY
1	1	2	1	3	1
2	1	3	1	4	1
3	1	4	1	5	1
4	1	5	1	6	1
5	1	6	1	7	1
6	1	7	1	8	1
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97	1	98	1	99	1
98	1	99	1	100	1
99	1	100	1		
100	1				

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