A-18
P-508

LICLIA-2017-00823

City of Madison Liquor/Beer License Application 48518

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

Section A – Applicant

1. If needed, a qualified interpreter can be provided at no charge to you. Would you like an interpreter?

☐ Yes (language: _____)
X 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, 2018

3. List the name of your ☐ Sole Proprietor, ☐ Partnership, X 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 963

5. Address to be licensed 1434 Northport Dr, Madison, WI 53704

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

7. Anticipated opening date 10/11/2017

8. Is the applicant an employee or agent of, or acting of behalf of anyone except the applicant named in question 3?

X No ☐ Yes (explain) _____

9. Does another alcohol beverage licensee or wholesale permittee have interest in this business?

X 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 coolers, on sales floor, behind sales counter, in

storage room.

Applicants for on-premises consumption: list estimated capacity N/A

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

Please see enclosed aerial view of the property. Area is monitored by employees as well as surveillance cameras which operate 24 hours per day. The parking area is illuminated from dusk to dawn.

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

☐ No X Yes, license issued to PDQ, Inc. DBA PDQ Food Stores, Inc. dba PDQ #109 (name of licensee)

13. X Attach copy of lease. Please see enclosed Memorandum of Asset Purchase Agreement.

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 Travis D. Hutzenbuhler

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

18. How long has the agent continuously resided in the State of Wisconsin? All my life

19. X 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 X Yes, date completed 7-26-17

21. State and date of registration of corporation, nonprofit organization, or LLC.
Wisconsin - 10/7/1964

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 P. Zietlow	Onalaska, WI
Asst. Sec.	Mark S. Zietlow	Rochester, MN
Treasurer	Jeffrey J. Wrobel	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?

X 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 X Yes (explain) Please see enclosed list of Wisconsin Kwik Trip retail locations.

Section D—Business Plan

26. What type of establishment is contemplated?

☐ Tavern ☐ Nightclub ☐ Restaurant ☐ Liquor Store ☐ Grocery Store

☐ Convenience Store without gas pumps X Convenience Store with gas pumps

☐ Other _____

27. Business description Convenience Store with fuel sales.

28. Hours of operation 24 hours/day 7 days/week

29. Describe your management experience Employed by Kwik Trip, Inc. since 1998. Currently hold the position of District Leader.

30. List names of managers below, along with city and state of residence. District manager to oversee store initially. Manager and assistant manager assignments to be determined at a later date. We will report the change of agent.

Travis D. Hutzenbuhler, Mazomanie, WI _____

_____ _____

31. Describe staffing levels and staff duties at the proposed establishment

Approximately 15 to 20 employees will be employed at this convenience store with between 2 to 4 on duty at any given time. Positions will include a store manager, assistant manager, shift leaders, full time and part time employees who perform retail cashier, stocking, cleaning and food preparation job duties.

32. Describe your employee training

Coworkers complete our in-house Alcohol & Tobacco training program as well as the Learn2Serve Responsible Beverage Operator Training Program. Coworkers who work the register will obtain Madison Operator Permits. We have an Alcohol & Tobacco Policy which spells out our standards and the rewards/discipline for passed/failed ID checks. We perform our own in-house compliance checks as well.

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

Consumers of all ages from the neighboring community as well as those visiting or traveling through the area.

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 will be our food products which we produce: Milk, bread, dairy, bakery, pizza, sandwiches, etc. We will promote certain produce, grocery and beverage items also.

35. Are you operating under a lease or franchise agreement? X 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. N/A

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? _____
    How many bartenders do you anticipate having work at one time on a busy night? _____

49. Will there be a kitchen facility separate from the bar? ☐ No ☐ Yes

50. Will there be a separate and specific area for eating only?
    ☐ No ☐ Yes, capacity of that area _____

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? _____

54. If your business plan includes an advertising budget:

    What percentage of your advertising budget do you anticipate will be related to food? _____

    What percentage of your advertising budget do you anticipate will be drink related? _____

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:

    _____ % 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 X Yes

60. I understand that I am required to host an information session at least one week before the ALRC meeting. ☐ No X 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 X Yes

62. I agree to contact the Police Department District Captain for this location prior to the ALRC meeting. ☐ No X Yes

63. I agree to contact the Deputy Clerk prior to the ALRC meeting. ☐ No X Yes

64. I agree to contact the neighborhood association representative prior to the ALRC meeting. ☐ No X Yes

65. I intend to operate under the alcohol license within 90 days of the Common Council granting this license. The license shall be considered surrendered if not issued within 90 days of being granted. ☐ No X Yes

66. I understand we must file a Special Occupational Tax return (TTB form 5630.5) before beginning business. [phone 1-800-937-8864] ☐ No X Yes

67. 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 X Yes

68. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? X No ☐ Yes

Section G—Information for Clerk's Office

69. State Seller's Permit **456 - 0000287614 -03**

70. Federal Employer Identification Number **39 - 1036365**

71. 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

72. Corporate attorney, if applicable: Name Allen Arnsten

Phone 608/ 692-4293 E-mail AArnsten@foley.com

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 14th day of August, 2017

Deanna Hafner
(Clerk/Notary Public)

NOTARY PUBLIC DEANNA HAFNER STATE OF WISCONSIN

My commission expires 1-9-18

(Officer of Corporation/Member of LLC/Partner/Sole Proprietor)

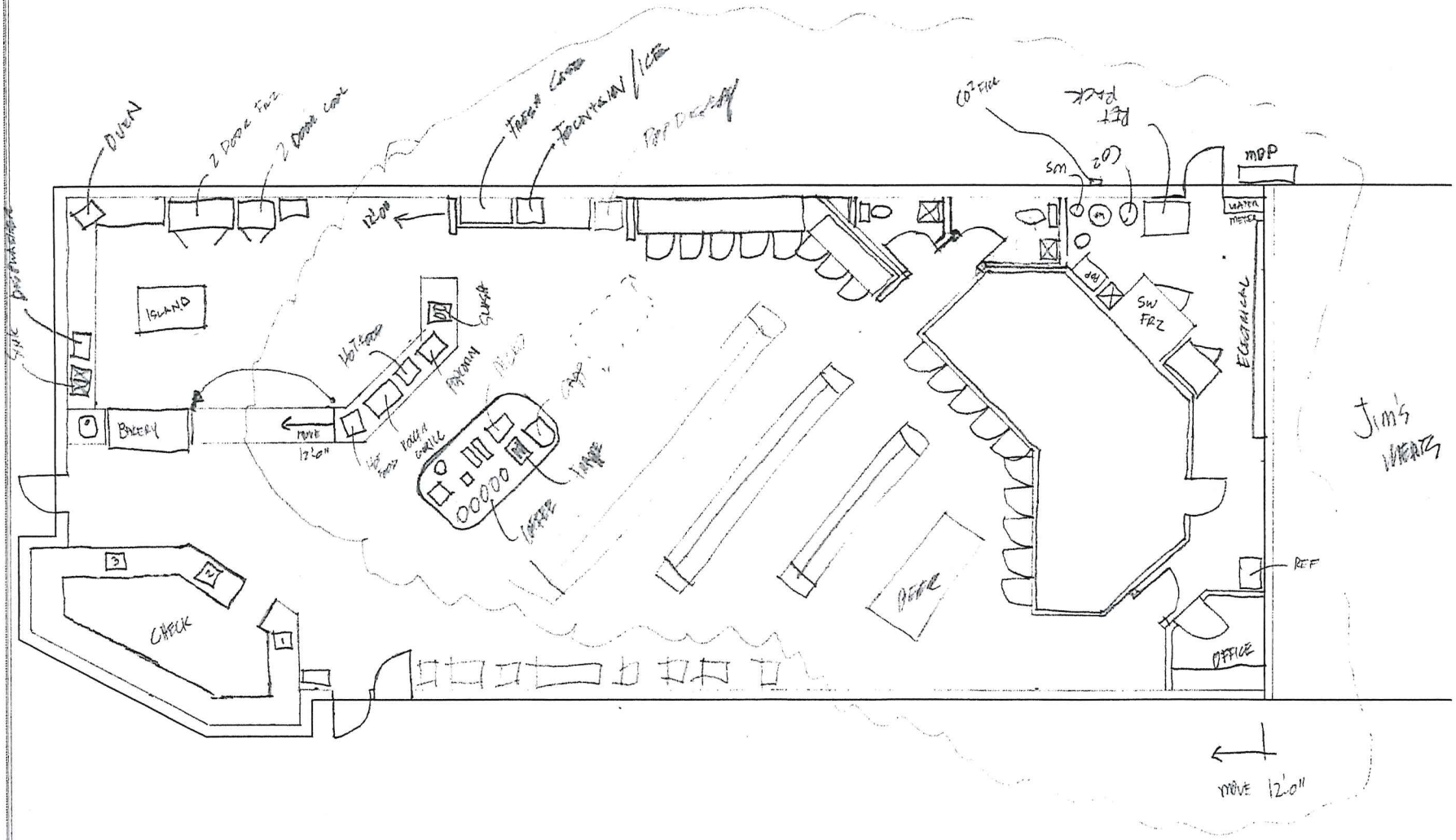
Clerk's Office checklist for complete applications

☐ Orange sign ☐ WI Seller's Permit Certificate (matching articles of incorporation) ☐ FEIN ☐ Notarized application ☐ Written description of premises	☐ Background investigation form(s) ☐ Form for surrender of previous license ☐ *Articles of Incorporation ☐ *Notarized Appointment of Agent * Corporation/LLC only	☐ Floor Plans ☐ Lease ☐ Sample Menu ☐ 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 _____



FLOOR PLAN
1/8" = 1'-0"

KWIK TRIP

KWIK STAR

KWIK TRIP, Inc.
P.O. BOX 2107
1626 OAK STREET
LA CROSSE, WI 54602-2107
PH. (608) 781-8988
FAX (608) 781-8960

PRODUCT LAYOUT
KWIK TRIP
CONVENIENCE STORE #963
WITH XXXXXX
1434 NORTHPORT DR.
MADISON, WI

#	DATE	DESCRIPTION

DRAWN BY	xxxxxx
SCALE	1/8" = 1'- "
PROJ. NO.	0001
DATE	2017-07-20
SHEET	963

KWIK TRIP 963
#109
1434 Northport Dr
Plat Unknown -
1542
1546
1526
1554
1514
1518
1510
1550
Lot 1562
1564
1502
1530
1534
1434
1433
1436
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