CITY OF LA CROSSE, WI General Billing - 112340 - 2014 000385-0021 Donna 0. 01/29/2014 04:48PM 3427 - KWIK TRIP INC

Wisconsin Department of Revenue

SCHEDULE FOR APPOINTMENT OF AGENT BY CORPORATION/NONPROFIT ORGANIZATION OR LIMITED LIABILITY COMPANY

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. Town City of La Crosse County of To the governing body of: Village Kwik Trip, Inc. The undersigned duly authorized officer(s)/members/managers of (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 391 (trade name) 1333 Rose Street, La Crosse, WI 54603 located at John M. Wahl appoints (name of appointed agent) 308 Heather Pl., Holmen, WI 54636 (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? If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies). Agent Kwik Trip #822, Onalaska, WI, until new agent appointment approved. Is applicant agent subject to completion of the responsible beverage server training course? Since 1977 How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin 308 Heather Pl., Holmen, WI 54636 Place of residence last year Kwik Trip, Inc. corporation/organization/limited liability company) ature of Officer/Member/Manager) Eignature of Officer/Member/Manager) ACCEPTANCE BY AGENT John M. Wahl 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. -24-14 Agent's age 308 Heather Pl., Holmen, WI 54636 (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	by	(signature of proper local official)	Title	(town chair, village president, police chief)
(date)				

AT 104 (P. 4 09)

Agent Change Check Off Sheet

Agent Name: John M. Wahl
Trade Name: Kwik Trip #391
Address: 1333 Rose St.
Council Meeting: 2-13-2014
Municipal Court: HOLD / OK
Police: HOLD OK
HOLD / OK Training Course Completed:
Date: 1/21/14
Comments:

From:

Putz, Lisa

Sent:

Friday, January 31, 2014 11:25 AM

To:

Christianson, Jay

Subject:

Approve: AGENT CHANGE for: Kwik Trip #391

From:

Rose, Sue

Sent:

Thursday, January 30, 2014 4:01 PM

To:

Christianson, Jay

Subject:

Approve: AGENT CHANGE for: Kwik Trip #391



SCHEDULE FOR APPOINTMENT OF AGENT BY CORPORATION/NONPROFIT ORGANIZATION OR LIMITED LIABILITY COMPANY

Submit to municipal clerk.

All corporations/organization liquor must appoint an ager	ons or limited liability on	companies applying for a	license to sell fermented n	nalt beverages ar	nd/or intoxicating
of the corporation/organiza					
local official.			, , , , , , , , , , , , , , , , , , , ,		, , , ,
	Town	City of La Crosse		La Crosse	
To the governing body of:	☐ Village of _		County of		
	City				
The undersigned duly auth	orized officer(s)/mem	bers/managers of	Kwik Trip, Inc.		
	- 1998 (199	(re	egistered name of corporation/org	anization or limited lia	bility company)
a corporation/organization	or limited liability comp	oany making application fo	or an alcohol beverage licer	nse for a premise	s known as
	Kwik Tı	rin 624			
530 \	West Ave. N., La C	(trade name)			
located at		10330, 111 34001			
Crist	in M. Schelbe				
-		(name of appointed a	gent)		0.20
815 V	/ista Ct. N., La Cro				
		(home address of appoint	ed agent)		
to act for the corporation/or to alcohol beverages condi- organization/limited liability	ucted therein. Is applic	cant agent presently actin	g in that capacity or reque	sting approval for	any corporation/
Yes No If s	so, indicate the corpora 'rip #383, Onalaska	ate name(s)/limited liabilit n, WI until new agent	y company(ies) and munici appointment approved	pality(ies).	
Is applicant agent subject t	o completion of the re-	enoneible beverage serve	r training course?	es 📝 No	
	100,000,000,000,000,000,000,000,000,000			This section is a second section of the section of	Since 2002
How long immediately prior	to making this applica	ation has the applicant ag	ent resided continuously in	vvisconsin?	
Place of residence last year	ar 815 Vista Ct.	N., La Crosse, WI 54	4601		
_	Kwik Trip, Ir	1C.			
Fo	or:		on/organization/limited liability con	npany)	
В	v 10.18	1.00 / 1	_	et eardteau	
7		Ksignatur	e of Officer/Member/Manager)		
An	d:	11ml)			
	7 7 7	(signatur	of Officer/Member/Manager)		
		ACCEPTANCE BY	AGENT		
I.	Cristin M. Schelb	e	hereby accer	ot this appointmen	nt as agent for the
1,	(print/type agent's	name)	, notes, accep	т по орронито.	agent for the
corporation/organization/li beverages conducted on t	mited liability compar	ny and assume full responsive	onsibility for the conduct on the conduct of the co	of all business re	elative to alcohol
Cristian	1. 8/10 lbs	2	1-16-13	Agent's age _	32
815 Vista Ct.	signature of agent) N., La Crosse, WI	54601	(date)		
		ess of agent)		Date of birth	
Tankin and the second s		/AL OF AGENT BY MUN			nuova ar la vinilinuit
I hereby certify that I have	checked municipal ar	nd state criminal records.	To the best of my knowled	lge, with the avai	lable information,
the character, record and					Annual phonographs (all the
Anyondon 1271	M by A6	the seld!	Title	Palso C	Je 1
Approved on		(signature of proper local off		(town chair, village pr	esident, police chieft
aT : LVE d not				Wiscoppin O	enartment of Revenue

Agent Change Check Off Sheet

Agent Name: Cristin Schelbe
Trade Name: Kwik TR:p #624
Address: 530 WEST AVE N
Council Meeting: 2-13-14
Municipal Court: HOLD / OK
Police: HOLD / OK
HOLD / OK Training Course Completed:
Date: Holds licence & is Cullett Agent in ONAloska K.T. #383
Comments: Agent in Onalosky KT. 1383

From:

Putz, Lisa

Sent:

Thursday, January 23, 2014 6:57 PM

To:

Christianson, Jay

Subject:

Approve: AGENT CHANGE for: Kwik Trip #624

From:

Rose, Sue

Sent:

Thursday, January 23, 2014 3:11 PM

To:

Christianson, Jay

Subject:

Approve: AGENT CHANGE for: Kwik Trip #624





SCHEDULE FOR APPOINTMENT OF AGENT BY CORPORATION/NONPROFIT ORGANIZATION OR LIMITED LIABILITY COMPANY

Submit to municipal clerk.				
liquor must appoint an ager	nt. The following question	s must be answered by the age	ent. The appointme	malt beverages and/or intoxicating ent must be signed by the officer(s) ommendation made by the proper
To the governing body of:	Town Village of	City of La Crosse	County of _	La Crosse
The undersigned duly auth	orized officer(s)/membe		Trip, Inc.	
		(registered i		anization or limited liability company)
100000		y making application for an alc	ohol beverage lice	nse for a premises known as
Kw	ik Trip #762	(trade name)		
ocated at	3 W. George St., La C	rosse, WI 54603		
La	ura A. Stephenson			
		(name of appointed agent)		
190	2 Henry Johns Blvd.,	Bangor, WI 54614 (home address of appointed agent)	1.12	
Agent of Kwik Trip	#846 in Coon Valley,	name(s)/limited liability compa WI until new agent appoints onsible beverage server training	ntment approve	'es No All my life
How long immediately prior	r to making this application	on has the applicant agent resid	led continuously in	Wisconsin?
Place of residence last year	ar 1902 Henry Jo	hns Blvd., Bangor, WI 546	614	
-	Kwik Trin Inc			
Fo	10.	(naproof corporation/organiz		npany)
An	d 1911/1	(Volature of Office	r/Member/Manager)	
	1000	Anature of Office	r/Member/Manager)	
		ACCEPTANCE BY AGENT		
l,l	Laura A. Stephenson (print/type agent's nar	ne)	, hereby acce	of all business relative to alcohol
corporatj¢n/organizatjo n/k	mited liability company	and assume full responsibility	for the conduct	of all business relative to alcohol
beverages conducted on t	he premises for the corp	oration/organization/limited lia	bility company.	t Am
IIIIA X	MAN an So	- 1/81	14	Agent's age 29
1902 Henry Johns	egnature of agent) Blvd., Bangor, WI 54	614	(date)	72
, 1502 111111391119	(home address			Date of birth
	APPROVA (Clerk car	OF AGENT BY MUNICIPAL	AUTHORITY ipal Official)	ñ
I hereby certify that I have	checked municipal and	state criminal records. To the l ry and I have no objection to the	best of my knowled ne agent appointed	dge, with the available information,
Approved on \(\lambda \lambda	by AC	Last of the fee local officials	Title_	Price Chief (town chair, village president, police chief)
AT-104 (P. 4-63)				Wisconsin Department of Revenue

Agent Change Check Off Sheet

Agent Name: Laura Stephenson
Trade Name: Kwik Trip #762
Address: 1/33 Grenage S& W
Council Meeting: $\frac{2/13/14}{}$
Municipal Court: HOLD / OK
Police: HOLD OK
HOLD IOK Training Course Completed:
Date: Holds Vice-e
Comments:

From:

Putz, Lisa

Sent:

Thursday, January 23, 2014 6:40 PM

To:

Christianson, Jay

Subject:

Approve: AGENT CHANGE for: Kwik Trip #762 - 2-13-14

From:

Rose, Sue

Sent:

Thursday, January 16, 2014 10:58 AM

To:

Christianson, Jay

Subject:

Approve: AGENT CHANGE for: Kwik Trip #762 - 2-13-14





SCHEDULE FOR APPOINTMENT OF AGENT BY CORPORATION/NONPROFIT ORGANIZATION OR LIMITED LIABILITY COMPANY

Submit to municipal clerk			
liquor must appoint an agen	ons or limited liability companies applying nt. The following questions must be answe ntion or members/managers of a limited	red by the agent. The appointment	ent must be signed by the officer(s)
To the governing body of:	☐ Town City of La C ☐ Village of ☐ City	Crosse County of	La Crosse
	orized officer(s)/members/managers of _		vanization or limited liability company)
a corporation/organization of	or limited liability company making applica	tion for an alcohol beverage lice	nse for a premises known as
Kwi	ik Trip 771		
ocated at71 C	Copeland Ave., La Crosse, WI 54603		
	nas R. Lee		
	(name of appo	4	
110	3 Western Ave., Holmen, WI 5463		
to alcohol beverages condu organization/limited liability	ganization/limited liability company with founded therein. Is applicant agent presently company having or applying for a beer are	acting in that capacity or requend/or liquor license for any other	esting approval for any corporation/ location in Wisconsin?
Yes No If s Agent of Kwik	o, indicate the corporate name(s)/limited Trip 311 in Holmen until new agent	approved	paiity(les).
Is applicant agent subject to	o completion of the responsible beverage	server training course?	es No Since 1987
	to making this application has the applica-		Wisconsin?
Place of residence last year			
Fo	Kwik Trip, Inc.		
В	10, 10 morno ofico	orporation/organization/limited liability cor	mpany)
And	191174		
And		signal of Officer/Member/Manager)	
	ACCEPTANCE	E BY AGENT	
ı,	Thomas R. Lee	, hereby accep	of this appointment as agent for the
corporation/organization/lin	mited liability company and assume full the premises for the corporation/organization	responsibility for the conduct tion/limited liability company.	of all business relative to alcohol
JK-7	ee	1-7-14	Agent's age 55
1103 Western Ave.,	Holmen, WI 54636	(date)	Date of birth
	(home address of agent)		**
	APPROVAL OF AGENT BY (Clerk cannot sign on bel	: 세계 (1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
I hereby certify that I have the character, record and r	checked municipal and state criminal rec reputation are satisfactor) and I have no	cords. To the best of my knowled objection to the agent appointed	0
Approved on 1/14/19	by K /weld/. (signature of proper !	Title	Nice Chiet town chair, village president, police chieft

AT 101 (F 4 CD)

Wisconsin Department of Revenue

Agent Change Check Off Sheet

Agent Name: Thomas Lee
Trade Name: Kwik Trip #77/
Address: 71 Copeland Pine
Council Meeting: $\frac{2/13/14}{}$
Municipal Court: HOLD OK
Police: HOLD OK
HOLD / OK Training Course Completed:
Date: Holds Mirenc
Comments:

From:

Putz, Lisa

Sent:

Thursday, January 23, 2014 6:52 PM

To:

Christianson, Jay

Subject:

Approve: AGENT CHANGE for: Kwik Trip #771 - 2-13-14

From:

Rose, Sue

Sent:

Thursday, January 16, 2014 10:58 AM

To:

Subject:

Christianson, Jay
Approve: AGENT CHANGE for: Kwik Trip #771 - 2-13-14

CITY OF LA CROSSE, WI Seneral Billing - 112342 - 2014 000385-0020 Donna O. 01/29/2014 04:47PM 3428 - KWIK TRIP INC

Nisconsin 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. Town City of La Crosse To the governing body of Village City Kwik Trip, Inc. The undersigned duly authorized officer(s)/members/managers of (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 773 (trade name) 2506 South Ave., La Crosse, WI 54601 located at Stephanie L. Klonecki appoints (name of appointed agent) 2883 - 29th Ct., La Crosse, WI 54601 (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? No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies). Agent Kwik Trip #643, Onalaska, WI until new agent appointment approved Is applicant agent subject to completion of the responsible beverage server training course? All my life How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 2883 - 29th Ct., La Crosse, WI 54601 Place of residence last year Kwik Trip, Inc. For: dorporation/organization/limited liability company) Officer/Member/Manager) (signeture of Officer/Member/Manager) ACCEPTANCE BY AGENT Stephanie L. Klonecki , 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. 36 Agent's age - 29th Ct., La Crosse, WI 54601 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 (town chair, village president, police chief) (signature of proper local official)

AT-104 (\$-4 00)

Agent Change Check Off Sheet

Agent Name: Stephanie L. Klonecki
Trade Name: Kwik Trip #773
Address: 2506 South Ane
Council Meeting: $\frac{2/13/14}{}$
Municipal Court: HOLD LOR
Police: HOLD / OK
HOLD / OK Training Course Completed:
Date: Current Ayent @ Stone #643 in ONALASKA
Comments:

From:

Rose, Sue

Sent:

Thursday, January 30, 2014 4:01 PM

To:

Christianson, Jay

Subject:

Approve: AGENT CHANGE for: Kwik Trip #773

From:

Putz, Lisa

Sent:

To:

Subject:

Friday, January 31, 2014 11:25 AM
Christianson, Jay
Approve: AGENT CHANGE for: Kwik Trip #773

License Fee: \$100.00

Invoice #: ///573

APPLICATION FOR INDOOR CABARET LICENSE

Legal Name: Jimmy's North Star Inc.
Address of above: 1732 George St.
Trade name of business: Jimmy's North Star Address of premises to be licensed: 1732 George st.
Address of premises to be licensed: 1737 George st
Business phone number: 608 317 -9865
Detailed description of cabaret area to be licensed: Indoor Main flow of previse.
Premises are owned by: James Salvafine Powell
Address of owner: ### to 1/0/ Callaway of Name of manager (FIRST, MIDDLE & LAST): James Salvatore Powell
Name of manager (FIRST, MIDDLE & LAST): James Salvatore Howell
Home address of manager: 1101 Callaway CT
Home phone number: 608 317 - 9865
Daytime phone number:
Date of Birth:
Was the above person listed as manager on last year's application? Yes No
Other business to be conducted upon the premises: TALBA
Nature of entertainment: Linguis cc
License Period: Feb 14, 2014 - June 30, 2014
License Period: Feb 14, 2014 - June 30, 2014 The above hereby makes application for a license to operate an Indoor Cabaret at the above address within the City of Ea Crosses of pursuant to provisions of Chapter 20 of the Code of Ordinances for the City of La Crosse.
1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(Signature of applicant & date) ・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・
OFFICE USE ONLY: Munis Customer #: Munis Customer #: Munis Customer #:
For original applications: Are there lands zoned conservancy, residential or multiple dwelling within 100 feet of premises (Y) N
Signature and data SW OSMW
Signature and date
Granted: A/13/17 License #: DO
io ip

Check Off Sheet

Name: Jimmy's North Star, INC.
Name: Jimmy's North Star, INC. Trade Name: Jimmy's North Star
Address: 1732 George St.
Council Meeting: Feb. 13, 2014
Type of License: Indoor Cabaret
Fire: HOLD /OK
Health: HOLD (OK)
Inspection: HOLD OK
Water: HOLD / OK
Municipal Court: HOLD / OK
Police: HOLD / OK
Attorney: HOLD / OK
HOLD / OK Beer and/or Liquor Bills
HOLD / OK Taxes - Personal Property ONLY and/or Room Tax
HOLD / OK Training Course Completed (Individual/Partnership/Agent):
Date: Correct Agent
HOLD IOK WI Seller's Permit Number:
Mailed from City Clerk's Office on:
Comments: Berther Requested 1/2/14

From:

Sent: To: Buddenhagen, Brenda

Thursday, January 02, 2014 10:09 AM

Christianson, Jay

Subject:

From:

Doug Schaefer < dschaefer@lacrossecounty.org >

Sent:

Friday, January 03, 2014 4:26 PM

To:

Christianson, Jay

Subject:

RE: Jimmy's North Star - Indoor Cabaret - Original - 2-13-14

Attachments:

image001.jpg

Recommend yes Complies yes

From: Christianson, Jay [mailto:ChristiansonJ@cityoflacrosse.org]

Sent: Thursday, January 02, 2014 9:00 AM

To: Amy Stevens; David Sawvell; Doug Schaefer; Jim Steinhoff; Katie Dempsey; Sam Welch; Erickson, Tina; Andrew Gavrilos; Padesky, Mark; Putz, Lisa; Randy Rank; Rose, Sue; Joanne Ruegg; Schott, Avrie; Snyder, Craig; ZZ Inspection

Cc: Brenda Buddenhagen

Subject: Jimmy's North Star - Indoor Cabaret - Original - 2-13-14

Please review the attached information and reply back to me by Monday, February 3, 2014.

Please contact Jimmy @ 317-9865 to make an appointment to inspect the premise.

Any questions please feel free to contact me.

Jay Christianson

License & Elections Clerk III

400 La Crosse Street, La Crosse, WI 54601

608-789-7553 phone 608-789-7510 main line

608-789-7552 fax

christiansonj@cityoflacrosse.org

www.cityoflacrosse.org

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From:

Erickson, Tina

Sent:

Thursday, January 02, 2014 10:18 AM

To:

Christianson, Jay

Subject:

From:

Putz, Lisa

Sent:

Wednesday, January 15, 2014 3:29 PM

To:

Christianson, Jay

Subject:

From:

Rose, Sue

Sent:

Thursday, January 02, 2014 11:43 AM

To:

Christianson, Jay

Subject:

From:

Snyder, Craig

Sent:

Thursday, January 02, 2014 1:47 PM

To:

Christianson, Jay

Subject:

From:

Thielen, Brent

Sent:

Monday, February 03, 2014 11:58 AM

To:

Christianson, Jay

Subject: