

**Alcohol Beverage
Appointment of Agent**

Date **9-27-24**

Agent Type (check one)

Original (no fee) Successor (\$10 fee for municipal licensees only)

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor),
Kwik Trip, Inc.

2. Business Trade Name or DBA
Kwik Trip 816

3. Entity Type (check one) Limited Liability Company Corporation Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one)
 Municipal Retail License State Permit

5. If successor agent, provide State Permit or Municipal Retail License Number

6. Describe the reason for appointing a successor agent. If successor is checked above.
New manager assigned to oversee the store.

Part B: Agent Information

1. Last Name
Heath

2. First Name
Larissa

3. M.I.
M.

4. Email
LicensingDept@kwiktrip.com

5. Phone
715-937-5283

6. Home Address
843 Oak Ave. N., Apt. 225

7. City
Onalaska

8. State
WI

9. Zip Code
54650

10. Age
26

11. Drivers License/State ID Number.
[REDACTED]

12. Drivers License/State ID State of Issuance
WI

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? Yes No
Submit proof of completion.

2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire? Yes No
Submit a completed Form AB-100 with this form.

3. Have you been a Wisconsin resident for at least 90 continuous days? Yes No
See instructions for exceptions.

Continued →

Part D: Business Attestation

READ CAREFULLY BEFORE SIGNING: I, the Undersigned, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name Zietlow		First Name Scott	M.I. P
Title CEO/President	Email LicensingDept@kwiktrip.com		Phone (608) 791-7385
Signature <i>Scott P. Zietlow</i>		Date 9/26/24	

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the Agent, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name Heath		First Name Larissa	M.I. M
Signature <i>Larissa Heath</i>		Date 9-27-24	

Alcohol Beverage Individual Questionnaire

Date **9-27-24**

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information	
1. Legal Business Name (individual name if sole proprietor) Kwik Trip, Inc.	
2. Business Trade Name or DBA Kwik Trip #16	
3. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	

Part B: Individual Information		
1. Last Name Heath	2. First Name Larissa	3. M.I. M.
4. Relationship to Business (Title) Agent	5. Email LicensingDept@kwiktrip.com	6. Phone (715) 937-5283
7. Home Address 843 Oak Ave. N., Apt. 225		
8. City Onalaska	9. State WI	10. Zip Code 54650
11. Date of Birth [REDACTED]		12. Drivers License/State ID Number [REDACTED]
13. Drivers License/State ID State of Issuance WI		

Part C: Address History			
1. Do you currently reside in Wisconsin? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If yes to 1. above, how long have you continuously lived in Wisconsin prior to the date of application?			Years: 26 Months: 1
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.			
Previous Address 1 843 Oak Ave. N., Apt. 225	City Onalaska	State WI	Zip Code 54650
Previous Address 2 1021 Vine St., Apt. 7	City La Crosse	State WI	Zip Code 54601
Previous Address 3 1021 Vine St., Apt. 3	City La Crosse	State WI	Zip Code 54601
Previous Address 4 217 9th St. S.	City La Crosse	State WI	Zip Code 54601
Previous Address 5 307 S. West St.	City Loyal	State WI	Zip Code 54446
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.			
State WI	County Clark	State WI	County La Crosse
State	County	State	County

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? Yes No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? Yes No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature *[Handwritten Signature]* Date 9-27-24