

# Alcohol Beverage Appointment of Agent

Date \_\_\_\_\_

**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 391

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 <b>Rostad</b>	2. First Name <b>India</b>	3. M.I. <b>J.</b>
4. Email <b>LicensingDept@kwiktrip.com</b>		5. Phone <b>608-386-8928</b>
6. Home Address <b>809 Starlite Dr.</b>		
7. City <b>Holmen</b>	8. State <b>WI</b>	9. Zip Code <b>54636</b>
11. Drivers License/State ID Number <b>[REDACTED]</b>		10. Age <b>28</b>
12. Drivers License/State ID State of Issuance <b>WI</b>		

**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. B.
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 Rostad		First Name India	M.I. J.
Signature <i>India Rostad</i>		Date 9/26/24	

**Alcohol Beverage  
Individual Questionnaire**

Date

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 391

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

**Part B: Individual Information**

1. Last Name: Rostad      2. First Name: India      3. M.I.: J.

4. Relationship to Business (Title): Agent      5. Email: LicensingDept@kwiktrip.com      6. Phone: (608) 386-8928

7. Home Address: 809 Starlite Dr.

8. City: Holmen      9. State: WI      10. Zip Code: 54636      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?  Yes  No

If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?

Years Since	Months
	1997

2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

Previous Address	City	State	Zip Code
809 Starlite Dr.	Holmen	WI	54636
3148 Edgewater Dr.	La Crosse	WI	54603
2649 15th St. S.	La Crosse	WI	54601
Previous Address 4	City	State	Zip Code
Previous Address 5	City	State	Zip Code

3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.

State	County	State	County	State	County	State	County
WI	La Crosse						
State	County	State	County	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.

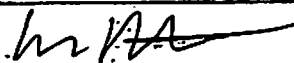
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Law/Ordinance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

Date 9/26/24