KWIK TRIP INC. | KWIK STAR

Legal

PHONE 608-781-8988
FAX 608-793-6120

1626 Oak St., P.O. Box 2107
La Crosse, WI 54602

www.kwiktrip.com

May 19, 2025

Licensing Coordinator
La Crosse City Clerk's Office
400 La Crosse St.
La Crosse, WI 54601

RE : Appointment of Agent
Kwik Trip 819
921 Losey Blvd. S.

Dear Licensing Coordinator:

Effective May 30, 2025 a new manager, Jonah Stuhr, will take over leadership responsibilities of Kwik Trip 819. Therefore, we would like to appoint Jonah as the agent of the store.

Enclosed please find the completed agent forms. Also enclosed please find a $10 payment for the processing fee for this service. I would like to request that you include this change on the agenda of your next city council meeting for consideration.

Please contact me at DHafner@kwiktrip.com or 793-6262 if you require anything further. Thank you for your assistance with this.

Yours truly,

Deanna Hafner
Legal Dept.

Enclosures

PS: I have also enclosed revised copies of the license renewal applications.

Form **AB-101**

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 819

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 agent assigned to oversee the store.

Part B: Agent Information

1. Last Name	2. First Name	3. M.I.
Stuhr	Jonah	A.

4. Email	5. Phone
LicensingDept@kwiktrip.com	608-498-0705

6. Home Address
1935 Miller St., Apt. 305

7. City	8. State	9. Zip Code	10. Date of Birth
La Crosse	WI	54601	[redacted]

11. Drivers License/State ID Number	12. Drivers License/State ID State of Issuance
[redacted]	WI

Part C: Agent Questions

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

2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire* (licensee) or Form AB-300, *Alcohol Beverage Personal Questionnaire* (permittee)? ☒ Yes ☐ No

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

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	First Name	M.I.
Zietlow	Scott	P.

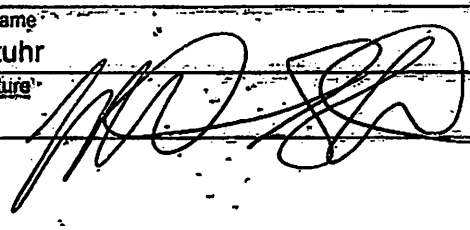
Title	Email	Phone
President	LicensingDept@kwiktrip.com	608-793-4741

Signature	Date
Scott P. Zietlow	5-16-25

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	First Name	M.I.
Stuhr	Jonah	A.

Signature	Date
	05/17/25

Form **AB-100**

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 819
3. Entity Type *(check one)*: ☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☒ Corporation ☐ Nonprofit Organization

Part B: Individual Information

1. Last Name	2. First Name	3. M.I.
Stuhr	Jonah	A.

4. Relationship to Business (Title)	5. Email	6. Phone
Agent	LicensingDept@kwiktrip.com	608-498-0705

7. Home Address: 1935 Miller St., Apt. 305

8. City	9. State	10. Zip Code	11. Date of Birth
La Crosse	WI	54601	[redacted]

12. Drivers License/State ID Number	13. Drivers License/State ID State of Issuance
[redacted]	WI

Part C: Address History

1. Do you currently live in Wisconsin? ☒ Yes ☐ No

- If yes, provide the month and year when you permanently moved to Wisconsin (MM/YYYY): 05/1995

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

	City	State	Zip Code
Previous Address 1: 1935 Miller St., Apt. 305	La Crosse	WI	54601
Previous Address 2: N7795 Amsterdam Prairie Rd.	Holmen	WI	54636
Previous Address 3			
Previous Address 4			
Previous Address 5			

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						

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? ☐ Yes ☐ No	
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed? ☐ Yes ☐ No	
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed? ☐ Yes ☐ 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: 05/17/25