

**KWIK TRIP**<sup>INC.</sup>

**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](http://www.kwiktrip.com)

VIA UPS

November 27, 2024

City of La Crosse

Attn: Nikki Elsen, City Clerk

400 La Crosse St.

La Crosse, WI 54601



RE: License Applications  
Kwik Trip #762 (Relocation)  
1125 George St. W., La Crosse, WI 54603

Dear Nikki:

As you may know, Kwik Trip is in the process of relocating the above mentioned convenience store. Our construction is scheduled to be completed January 10, 2025, and the new store is scheduled to open for business the following week, January 16, 2025. We plan to operate the current store through January 15, 2025, closing operations in the evening and reopening on the 16th in the new store location.

We would like to apply for the Class A off-sale beer/liquor license transfer and cigarette/tobacco license for this location. Enclosed please find the completed application forms and supporting documentation, as well as a check in the amount of \$110.00 to cover the required license fees. I respectfully request that you include the application on the agenda of your City Council meeting for consideration.

If you have any questions or require anything further, please call me at 608-793-4741 or email me at [moliver@kwiktrip.com](mailto:moliver@kwiktrip.com). Thank you for your assistance with this matter.

Yours truly,

Maranda Oliver  
Legal Department

Enclosures.

## Alcohol Beverage License and Permit Transfer Application

Use this form to transfer a municipally-issued alcohol beverage retail license to a different person. Also use this form to transfer a retail license or a state-issued alcohol beverage permit to another physical location. Submit this form only to the issuing authority.

<b>Transfer Type (check one)</b> <input type="checkbox"/> Person-to-Person (no fee) <input checked="" type="checkbox"/> Place-to-Place (\$10 fee)		<b>Fees</b>	
Type of Authorization to transfer (check one) <input checked="" type="checkbox"/> Municipal Retail License <input type="checkbox"/> State Issued-Permit		Transfer Fees	\$ 10
Name of License/Permit (e.g. "Class A" Liquor or Brewery) <b>Class "A" Beer &amp; "Class A" Liquor</b>		Publication Fee	\$
Current License/Permit Number <b>ALC007045-04-2024 &amp; ALC007046-04-2024</b>		Background Check	\$
		<b>Total Fees</b>	<b>\$ 10</b>

<b>Part A: Current Business Information</b>			
1. Legal Business Name (individual name if sole proprietor) <b>Kwik Trip, Inc.</b>			
2. Business Trade Name or DBA <b>Kwik Trip 762</b>			
3. FEIN <b>391036365</b>		4. Wisconsin Seller's Permit Number <b>456-0000287614-03</b>	
5. 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			
6. Premises Address <b>1133 West George St.</b>			
7. City <b>La Crosse</b>		8. State <b>WI</b>	9. Zip Code <b>54603</b>
10. County <b>La Crosse</b>		11. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village    of: <b>La Crosse</b>	
12. Premises Phone <b>(608) 781-2044</b>		13. Premise Email <b>licensingdept@kwiktrip.com</b>	
14. Contact Person Name <b>Maranda Oliver</b>		15. Website <b>www.kwiktrip.com</b>	
16. Contact Person Phone <b>(608) 793-4741</b>		17. Contact Person Email <b>moliver@kwiktrip.com</b>	

**Complete EITHER Part B OR Part C, based on the type of transfer you selected at the top of this form.**

<b>Part B: Transfer from Person-to-Person New Business Information</b>	
1. Reason for license transfer (check one) <input type="checkbox"/> Death <input type="checkbox"/> Disability <input type="checkbox"/> Foreclosure <input type="checkbox"/> Assignment to Creditor <input type="checkbox"/> Bankruptcy	
2. Legal Business Name of New Licensee (individual name if sole proprietorship)	
3. New Licensee Phone	4. New Licensee Email
5. Has the new licensee completed AB-100? Submit a completed Form AB-100 with this form ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Has the new licensee completed AB-200? Submit a completed Form AB-200 with this form ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	

*Continued* →

**Part C: Transfer from Place-to-Place New Premises Information**

1. New Premises Address 1125 George St. W.			
2. City La Crosse		3. State WI	4. Zip Code 54603
5. New Premises Phone (608) 781-2044	6. Premise Email licensingdept@kwiktrip.com		
7. New Premises Description - Describe the building or buildings and any outside areas where alcohol beverages are produced, sold, stored, or consumed, and where records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.  One-story framed construction - vinyl siding and brick exterior with storage in coolers, on sales floor and behind sales counter.			

**Part D: Attestation**

One of the following must sign and attest to this application:

- sole proprietor
- one general partner of a partnership
- one corporate officer
- one member of an LLC

**READ CAREFULLY BEFORE SIGNING:** Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license or permit. 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 Zietlow		First Name Scott	M.I. P.
Title President	Email moliver@kwiktrip.com	Phone (608) 793-4741	
Signature <i>Scott P. Zietlow</i>		Date 11/26/24	

**Part E: For Clerk Use Only**

Date Application Was Filed With Clerk	License Number
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk	Date

