

# 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 771

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

4. Alcohol Beverage Business Authorization (check one)      5. If successor agent, provide State Permit or Municipal Retail License Number

Municipal Retail License       State Permit

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: Stuhr      2. First Name: Jonah      3. M.I.: A

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

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

7. City: La Crosse      8. State: WI      9. Zip Code: 54601      10. Age: 29

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? Submit proof of completion.       Yes       No

2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire? Submit a completed Form AB-100 with this form.       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 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 5/23/24	

**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 Stuhr	First Name Jonah	M.I. A
Signature <i>Jonah Stuhr</i>	Date 05/29/24	