

Alcohol Beverage
Individual Questionnaire

Date

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

- sole proprietor
- all officers, directors, and agent of a corporation or nonprofit organization
- all partners of a partnership
- 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 771

3. Entity Type (check one)

☐ Sole Proprietor☐ Partnership☐ Limited Liability Company☒ Corporation☐ Nonprofit Organization**Part B: Individual Information**

1. Last Name

Libotte

2. First Name

George

3. M.I.

W.

4. Relationship to Business (Title)

Agent

5. Email

LicensingDept@kwiktrip.com

6. Phone

954-461-6313

7. Home Address

1604 9th St. S.

8. City

La Crosse

9. State

WI

10. Zip Code

54601

11. Date of Birth

12. Drivers License/State ID Number

13. Drivers License/State ID State of Issuance

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)

01/2021

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
1604 9th St. S.	La Crosse	WI	54601
3170 35th St. S.	La Crosse	WI	54601
555 Red Apple Dr.	La Crescent	MN	55947
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	MN	Houston	TX	Harris	FL	Broward
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	

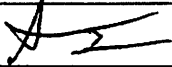
→ 2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? ☐ Yes ☒ No

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

05/22/2025

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)
☒ 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
Libotte

2. First Name
George

3. M.I.
W.

4. Email
LicensingDept@kwiktrip.com

5. Phone
954-461-6313

6. Home Address
1604 9th St. S.

7. City
La Crosse

8. State
WI

9. Zip Code
54601

10. Date of Birth

11. Drivers License/State ID Number

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* (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? ☒ 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 President	Email LicensingDept@kwiktrip.com	Phone 608-793-4741
Signature <i>Scott P. Zietlow</i>		Date 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 Libotte	First Name George	M.I. W.
Signature <i>[Signature]</i>		Date 05/22/2025



**City of La Crosse, Wisconsin:
BEVERAGE OPERATORS LICENSE:**

- Remove your card and always have it in your possession when serving/selling beer and/or alcohol beverages.
- Licenses should not be duplicated. If you need a replacement, please contact the City Clerk's Office. The original license should be retained by you as the licensee.
- Pursuant to Resolution 17-1333, the Common Council recognizes that sexual violence prevention is a relevant local concern and offers information provided by the National Sexual Violence Resource Center titled Engaging Bystanders to Prevent Sexual Violence. A link to the handout can be found on the City's website at this URL:
<https://www.cityoflacrosse.org/beverage-operator>

GEORGE WILLIAM LIBOTTE
3170 35TH ST S
LA CROSSE WI 54601

**City of La Crosse, Wisconsin
BEVERAGE OPERATORS LICENSE**

Class
2-Year

Name
GEORGE WILLIAM LIBOTTE

Number
001481-2023

Issued
7/1/2023

Expires
6/30/2025

Nikki Elsen, City Clerk

Renew on or before 6/1/2025
