Form			
Α	B-	1	00

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

WI C	Business Inform	mation					
Legal B	Business Name (individual Trip, Inc.	idual name if sole	proprietor)				
	ss Trade Name or DE						
	rip 771						
	Type (check one)						
-	le Proprietor	Partnership	[] Limited	Liability Compan	y 🔼 Corporatio	n N	onprofit Organization
	ie i iopiicioi						
Boot Di	individual info	rmation					
Last Na		IIIBUOII		2. First Name			3. M.I.
ibotte				George			W.
	nship to Business (Ti	ita)	5 Email				Phone
		ine)	Licen	singDept@)	cwiktrip.com	9:	54-461-6313
Agen							
Home							
	9th St. S.			9. State	10. Zip Code	11	. Date of Birth
3. City				WI	54601		
a Cro		lboe			13. Drivers License/S	State ID State	of Issuance
2. Drive	rs License/State ID N	munei			Wi		
Part C:	: Address Histo	гу					S Voc. □
1. Do yo		Wisconsin?					X Yes [
1. Do yo	ou currently live in s, provide the mont	Wisconsin?	n you permanent	tly moved to Wisc	consin		01/303)
1. Do yo	ou currently live in s, provide the mont	Wisconsin?	n you permanent	tly moved to Wisc	consin	s if necessar	(WWWYYY)
1. Do yo If yes 2. List ii	ou currently live in s, provide the mont	Wisconsin?	n you permanent	tly moved to Wisc		s if necessar	(MM/YYYY) O /202) y. Zip Code
If yes 2. List it	ou currently live in s, provide the mont n chronological ord s Address 1	Wisconsin?	n you permanent	tly moved to Wisc ne last 5 years. Al	consin	s if necessar State WI	(MM////) 01 /202) y. Zip Code 54601
If yes 2. List if Previous	ou currently live in the source of the month	Wisconsin?	n you permanent	ne last 5 years. Al City La Crosse	consin	s if necessar State WI State	(MM/YYYY) O1 /2021 y. Zip Code 54601 Zip Code
If yes 2. List it Previous 1604 9	ou currently live in the source of the month of the source	Wisconsin?	n you permanent	ne last 5 years. Af	consin	s if necessar State WI State VVI	(MM/YYYY) O1 /2021 y. Zip Code 54601 Zip Code 54601
If yes 2. List if Previous 1604 9 Previous 3170 3	ou currently live in the provide the months of the provide the months and the provide the months and the provide t	Wisconsin?	n you permanent	ne last 5 years. Al City La Crosse	consin	s if necessar State WI State WI State VI State	(MM/YYYY) O
If yes 2. List in Previous 1604 9 Previous 3170 3 Previous	ou currently live in the provide the months of the provide the months and the provide the months and the provide t	Wisconsin?	n you permanent	ne last 5 years. And City La Crosse City La Crosse La Crosse	consin ttach additional sheet	s if necessar State WI State VVI State MN	(MM/YYYY) Oi /202) y. Zip Code 54601 Zip Code 54601 Zip Code 55947
If yes 2. List in Previous 1604 9 Previous 3170 3 Previous 555 R	ou currently live in the provide the months of the provide the months and the provide the months and the provide t	Wisconsin?	n you permanent	city moved to Wiscone last 5 years. All City La Crosse City La Crosse City City City	consin ttach additional sheet	s if necessar State WI State WI State VI State	(MM/YYYY) O
If yes List if Previous 1604 9 Previous 3170 3 Previous 555 R Previous	ou currently live in the provide the months, provide the months of the state of the	Wisconsin?	n you permanent	city La Crosse City La Crosse City La Crosse City La Crosse City La Cresce City City City City City City City City	consin ttach additional sheet	s if necessar State WI State VVI State MN	(MM/YYYY) Oi /202) y. Zip Code 54601 Zip Code 54601 Zip Code 55947
If yes 2. List if Previous 1604 9 Previous 3170 3 Previous 555 R Previous	ou currently live in the provide the month of the chronological order Address 1 oth St. S. S. Address 2 oth St. S. S. Address 3 oth St. S. S. Address 3 oth Address 4 oth Apple Dr. S. Address 4 oth Address 5	Wisconsin? th and year whe	n you permanent	city La Crosse City La Crosse City La Crosse City La Crosse City City City City City City	consin ttach additional sheet	State VI State VVI State MN State MState State	(MM/YYYY) O1 /2021 y. Zip Code 54601 Zip Code 54601 Zip Code 55947 Zip Code
If yes If yes List if Previous 1604 9 Previous 3170 3 Previous 555 R Previous	ou currently live in the provide the month of the chronological order Address 1 oth St. S. S. Address 2 oth St. S. S. Address 3 oth St. S. S. Address 3 oth Address 4 oth Apple Dr. S. Address 4 oth Address 5	Wisconsin? th and year whe	n you permanent	city La Crosse City La Crosse City La Crosse City La Crosse City City City City City City	consin ttach additional sheet	s if necessar State WI State WI State MN State State	(MM/YYYY) O1 /2021 y. Zip Code 54601 Zip Code 54601 Zip Code 55947 Zip Code
If yes 2. List if Previous 1604 9 Previous 3170 3 Previous 555 R Previous Previous 3. List if	ou currently live in the provide the month of the chronological order that	Wisconsin? th and year whe	n you permanent	city La Crosse City La Crosse City La Crosse City La Crosse City City City City City City	ent al sheets if necessary	s if necessar State WI State WI State MN State State	(MM/YYYY) O1 /2021 y. Zip Code 54601 Zip Code 54601 Zip Code 55947 Zip Code Zip Code
If yes 2. List if Previous 1604 9 Previous 3170 3 Previous 555 R Previous	ou currently live in the provide the month of the chronological order Address 1 oth St. S. S. Address 2 oth St. S. S. Address 3 oth St. S. S. Address 3 oth Address 4 oth Apple Dr. S. Address 4 oth Address 5	Wisconsin? th and year when ter all of your ad	n you permanent dresses within the	city La Crosse City La Crosse City La Crosse City La Crosse City City La Cresce City La Cresce City La Cresce City La Cresce	ent al sheets if necessary	s if necessar State WI State WI State MN State State	(MM/YYYY) O1 /2021 y. Zip Code 54601 Zip Code 54601 Zip Code 55947 Zip Code

Continued →

Penalty imposed LawfOrdinance Violated Location Was sentence completed?	If yes to question 1, please list detail	s of each conviction	Location	aditional sheets to meeter.	Conviction Da
Law/Ordinance Violated Location Was sentence completed? Yes Law/Ordinance Violated Location Location Was sentence completed? Yes Law/Ordinance Violated Location Location Was sentence completed? Yes 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? 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 complete truthfully. Certify that I am not prohibited from participating in this business due to any involvement in another tier of the inderer generated investors. I understand that may license issued contrary to Wis. Stat. Chapter 125 shall tunder penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in committing false information, and that any person who knowingly provides materially false information on this application may be restricted in the state of the	Law/Ordinance Violated		Location		
Penalty Imposed Location Location Location Location Conviction Di Was sentence completed?	Penalty Imposed			Was sentence completed?	Yes
Law/Ordinance Violated Location Conviction Divides Sentence Completed? Yes 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? 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 complete truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall but under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in con with this application, and that any person who knowingly provides materially false information on this application may be retorded than \$1,000 if convicted	Law/Ordinance Violated		Location		Conviction Da
Penalty Imposed Was sentence completed?	Penalty Imposed		L	Was sentence completed?	· · · Yes
Part E: Attestation READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions complete truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the beverage industry as a restricted investor. I understand that any picense issued contrary to Wis. Stat. Chapter 125 shall under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in conwith this application, and that any person who knowingly provides materially false information on this application may be resignating.	Law/Ordinance Violated		Location		Conviction Da
Part E: Attestation READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions complete truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the everage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in cont with this application, and that any person who knowingly provides materially false information on this application may be restricted.	Penalty Imposed		<u> </u>	Was sentence completed?	Yes
READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions complete truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the aboverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in contract with this application, and that any person who knowingly provides materially false information on this application may be reto forfeit not more than \$1,000 if convicted.		e and status of pen	iding charges usi	ng the space below. Attach addit	tional
0.5/22/2025	sheets as needed.				
	Part E: Attestation READ CAREFULLY BEFORE SIGN truthfully. I certify that I am not prohil beverage industry as a restricted invunder penalty of state law. I further un with this application, and that any per to forfeit not more than \$1,000 if con-	oited from participa estor. I understand derstand that I may rson who knowing!	ity of law, I have ating in this busin d that any license y be prosecuted f	answered each of the above quess due to any involvement in a exissued contrary to Wis. Stat. Cor submitting false statements any ally false information on this app	uestions complete nother tier of the a hapter 125 shall t
	Part E: Attestation READ CAREFULLY BEFORE SIGN truthfully. I certify that I am not prohil beverage industry as a restricted invunder penalty of state law. I further un with this application, and that any per to forfeit not more than \$1,000 if consignature	oited from participa estor. I understand derstand that I may rson who knowing!	ity of law, I have ating in this busin d that any license y be prosecuted f	answered each of the above quess due to any involvement in a elissued contrary to Wis. Stat. Cor submitting false statements an ially false information on this appointments and the contraction of the con	uestions complete nother tier of the a hapter 125 shall t id affidavits in conr lication may be re

-2-

AB-100 (R 1-25)

Form		
Α	B-1	01

Alcohol Beverage Appointment of Agent

Date	
L	

Agent Type (check one)							
Original (no fee)	Successor (\$10 fee for mu	nicipal licens	ees only)				
Part A: Business Informa	tion						
1 Legal Business Name (individual Kwik Trip, Inc.							
2 Business Trade Name or DBA Kwik Trip 771							
3 Entity Type (check one)	Limited Liabil ty Company	_	Corporation		rofit Organiza		
Alcohol Beverage Business Auth Municipal Retail Licen	se State Permit		agent. provide State Pe	mit or Mun	icipal Retail Lic	ense Nui	mber
6. Describe the reason for appoint	ing a successor agent, if successor i	s checked abo	ove.				
New manager assigne	d to oversee the store.						!
Part B: Agent Information	1					3. M.I	
1. Last Name Libotte	1	2. First Name George				W.	
4. Email					5. Phone		
LicensingDept@kw	iktrip.com				954-461-6	313	
6. Home Address							
1604 9th St. S.		8. State	9. Zip Code	T	10. Date of Birt	h	
La Crosse		WI	54601				
11. Drivers License/State ID Numl	ber		12. Drivers License	/State ID St	ate or issuance		
			WI				
Part C: Agent Questions							
	oonsible beverage server trainin	ig requireme	nt?		. 🛭	Yes	No
2 Have you completed Form	AB-100, Alcohol Beverage Indi erage Personal Questionnaire (vidual Ques permittee)?	tionnaire (licensee) o	r 	X	Yes	No
	in resident for at least 90 contin				<u>8</u>	Yes	□ No
						Continu	ıed

Part D: Business Attestation					
READ CAREFULLY BEFORE SIGNING corporation, nonprofit organization, or lindeverage activities on such premises. If on behalf of the entity. If I am appointing I understand that I may be prosecuted from the prosecuted from the prosecuted from the provides material in the provides material than the provides material tha	mited liability com certify that I am a a successor age or submitting false	pany with full authority and co uthorized by the above-named nt, I rescind all previous agent a e statements and affidavits in c	ntrol of the properties of the	remises and conze this indi- for this premise this application	of all alcohol vidual to act ses. Further on, and that
Last Name		First Name			M.I
Zietlow		Scott			Ρ.
Title	Email			Phone	<u>L</u>
President		ingDept@kwiktrip.	com		3-4741
Signature Suft P. Filtha			Date 5/16/25		
Part E: Agent Attestation					120 mg - 200 mg - 200 mg
READ CAREFULLY BEFORE SIGNING: nonprofit organization, or limited liability on the premises for the above-named be and affidavits in connection with this appropriation may be required to forfeit not	company and assousiness. I further blication, and that	sume full responsibility for the c understand that I may be pro- any person who knowingly pro-	conduct of all a secuted for su	alcohol bevera	ge activities statements
Last Name		First Name			M.I.
Libotte		George			W.
Signature 4		>	Date 05/20	12025	



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

GEORGE WILLIAM LIBOTTE

Number 001481-2023

7/1/2023

Expires 6/30/2025

Nikki Elsen, City Clerk

Renew on or before 6/1/2025