| Form | |
|--------|--|
| AB-101 | |

Alcohol Beverage Appointment of Agent

| Date | | |
|-------------|------|--|
| i : | | |
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| The second secon | | | |
|--|--|--|--|
| Agent Type (check one) | | و مالود و مدرو | |
| Original (no fee) Successor (\$10 fee for | municipal licer | sees only) | |
| | • | | |
| | | | |
| Part A: Business Information: 1. Legal Business Name (individual name if sole proprietor) | - | ora di Ana alba di | A Company of the Comp |
| "Kwik Trip, Inc. | | | |
| 2. Buildings Trade Nathe or DBA. Kwik Trip 624 | The second secon | | |
| 3. Entity Type (check one) | any 🗹 |] Corporation | Nonprofit Organization |
| 4. Alcohol Beverage Business Authorization (check one) Municipal Retail License State Permit | 5. If successo | r agent, provide St | ate Permit or Municipal Retail License Number |
| 6. Describe the reason for appointing a successor agent, if success | sor is checked at | ove. | |
| New manager assigned to oversee the store | !. | | L |
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| | | | |
| • | | | |
| | | | |
| And the second s | | | |
| | | | |
| Part B: Agent Information | | The second secon | The same of the sa |
| 1: Last Name | 2. First Name | Party space of the same of the | 3. M.I. |
| Varner | Caitlin | e , e casa graeca g | M. |
| 4. Email LicensingDept@kwiktrip.com | | | 608-797-4665 |
| 6. Hame Address | | 1.5. | 1,000-101-1000 |
| 300 Anderson St., PO Box 391 | • | | |
| 7. City | 8. State | 9. Zip Code | 10. Age |
| Coon Valley | <u> WI</u> | 54623 | zense/State ID State of Issuance |
| 11. Drivers License/State ID Number | | WI | Seuze/2/8(6 ID 2)Bite of Issuance |
| | ** *** · · · | 4 441 | gate the control of t |
| | | | |
| Part C: Agent Questions | | 4, 900 1- 29 | The state of the s |
| | ining regularem | nt? | V Yes No |
| Have you satisfied the responsible beverage server tra Submit proof of completion. | mus redniremi | mi? "spieromorgan | erone è eschelle all'arterioristications en l'activitàte |
| Have you completed Form AB-100, Alcohol Beverage I Submit a completed Form AB-100 with this form. | individual Ques | tionnaire? | Yes No |
| Have you been a Wisconsin resident for at least 90 cor See instructions for exceptions. | ntinuous days? | * 18. 1. 1. 11.14.15 50 F. 7. 1 11.14 | rosers and the first of 🗹 Yes 🔲 No |
| And instruments in available | | San | Company of the property of the second of the |

| Part D: Business Attestation | The state of the s | | |
|--|--|---|--|
| | | Automorphism . A. | A |
| READ CAREFULLY BEFORE SIGNING: I, th | e Undersigned, authorize the above | e-named individual to | act for the above-named |
| i corporation, numbrolit diganization, or limited | I liability company with full authority | and control of the pr | ramicae and of all alcohal |
| beverage activities on such premises. I certiful on behalf of the entity. If I am appointing a su | y vist i am authorized by the above- | named entity to auth | orize this individual to act |
| I i understand that I may be prosecuted for sul | omitting false statements and affidav | its in connection with | this application, and that |
| any person who knowingly provides matebally | false information on this application | may be required to fo | feit not more than \$1,000 |
| il convicted. | | • | , |
| Lest Name | First Name | THE SECOND SECOND | M.I. |
| Zietlow | Scott | | P |
| iTide | Email | | Phone |
| CEO/President | LicensingDept@kwiktrip | .com | (608) 791-7385 |
| Signature / 1/ 2 7:00.0 | | Date | Share a track from the first and the second section of the section |
| Significant Scott P. Felton | • | 1 4 | 7-26-24 |
| | The second secon | | |
| ر معمول میرون میشا شور در است. این است | • | | |
| Rart E: Agent Attestation | The same of the sa | 41 41 Service 11 | ************************************** |
| · | Agent boths count this manufalan | | have asset assets |
| READ CAREFULLY BEFORE SIGNING: I, the nonprofit organization, or limited liability comp | any and assume full resonnsibility fo | ent as agent for the a or the conduct of all a | loove-named corporation, |
| on the premises for the above-named busine | ss. I further understand that I may i | be prosecuted for su | bmitting false statements |
| and affidavits in connection with this application | n, and that any person who knowing | ly provides materially | y false information on this |
| application may be required to forfeit not more | than \$1,000 if convicted. | | - |
| Fast Names. | First Name | | Mili |
| Varner | Caitlin | | M |
| Signature | | Date A | |
| Lawn-Van | | 4- | -2U-24 |

| Form | |
|------|-------|
| Α | B-100 |

Alcohol Beverage Individual Questionnaire

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| 100 | | | |
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All individuals involved in the alcohol beverage business must complete this form, including:

- all officers, directors, and agent of a corporation or nonprofit organization
 members and agent of a limited liability company
- sole proprietorail partners of a partnership

| Your alco | hol beverage ap; | olication or renew | al is not complete | until a | all require | d Individual Question | naires are s | ubmitted. | |
|---------------------------------------|--|--|--|----------|-------------|--|---------------------------------------|------------------|---|
| Part A: | Business Info | rmation | بسریل عرب مردن در دوندوست کودل، مرون | - | 100 C | TANK IL | 342.00 age | ুবা | 1. T. |
| 1. Legal E | Business Name (ind | lividual name if sole | propriétor) | | | | | | |
| Kwik | Trip, Inc | | | | | | | | |
| 2. Busine | ss Trade Name or I |)BA | | | | | | • • • | 1 |
| Kwik | Trip 624 | | | | | | | <u> </u> | |
| 3. Entity | Type (check one) | | | | - ·· | The second secon | | | |
| . □'So | le Proprietor | Partnership | Limited Li | ability | Compan | y | | onprofit Orga | anization |
| | | | | | | | · | | |
| RartiB: | Individual inf | ormation - | ALL PROPERTY OF THE PARTY OF TH | 2 | · | 12 | · · · · · · · · · · · · · · · · · · · | | 2.7 |
| 1. Last N | | the company of the co | A Control of Control of State | 2. Fir | st Name | | | 3. | . M.1. |
| Varr | | | • | Ca | itlin | | | , | M: |
| 1 | nship to Business (| Title) | 5. Email | | | · | 6 | Phone | |
| Ager | • | ,, | | ingD | ept@kw | iktrip.com | 4 | (608) 79 | 7-4665 |
| 7. Home | | ·* | | | | | 4 Femire | | *3 * ********************************* |
| | | t., PO Box | 391 | | | | ara ita a same | | , |
| B. City | <u> </u> | | | - 1 | . State | 10. Zip Code | | I. Date of Birth | |
| • | ı Valley | | • | - 1 | WI | 54923 | - 1 | | |
| | s License/State ID | Number | | | | 13. Drivers License/S | ate ID State | of Issuance | , |
| | | | | | _ | WI | _ | | |
| ÷ | | | | <u> </u> | | | | • | • |
| 1. Do yo | Address History currently resident to 1 above, how | in Wisconsin? | ntinuously lived in \ | Wisco | nsin prior | to the date of applica | tion? | Years Entire | s No |
| 2 Lietin | chmpological on | der all of your add | resses within the | ast 5 | vears. Att | ach additional sheets | if necessar | 16.5 | |
| | Address 1 | | | City | | | State | Zip Code | |
| • | Charles St | <u>.</u> | ! | 1 | Crosse | a | WI | 54603 | |
| | Address 2 | • | 1 | City | | - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 | State | Zip Code | ٠. |
| | George St. | | 4 | , | Crosse | 1 | WI | 54603 | |
| | Address 3 | | | City | <u></u> | | State | Zip Code | |
| • | Adams St | | | 1 1 | Crosse | • | WI | 54601 | } |
| | Address 4 | The state of the s | , Same par programme of the second | City | | | State | Zip Code | - |
| LIGAIOUS | Life Cop 4 | | | | | | | | ton at the time |
| Donalare | Address 5 | 4 | | City | | | State | Zip Code | and the second of |
| PIBVIOUS | M661000 0 | | | | | | - II | | |
| , , , , , , , , , , , , , , , , , , , | | dian way have fire | A thube as an in | ttach | additional | sheets if necessary. | | Accordance | |
| | | | | | | County | State | County | |
| State | County | State | County | | State | Journy | 1 | | |
| WI | La Crosse | , WI | Vernon | | State | County | State | County | 2 |
| State | County | State | County | | - CO. | | | | |
| | | 1. | | | | | # | | |

Continued ->:

| Part D: Criminal History | | The second of th |
|---|--|--|
| 1. Have you ever been convicted of for violation of any federal, Wisco | f any offenses (excluding traffic offensions in an another state's laws or of any | county or municipal ordinances? Yes |
| If yes to question 1, please list de | etails of each conviction below. Attach | |
| Law/Ordinance Violated * | Location | Conviction Date |
| Penalty Imposed | The second secon | Was sentence completed? Yes |
| Law/Ordinance Violated | Location | Conviction Date |
| Penalty Imposed | | Was sentence completed? ☐ Yes ☐ I |
| Law/Ordinance Violated | Location | Conviction Date |
| Penalty Imposed | | Was sentence completed? Yes I |
| | rently pending against you (excluding t deral, Wisconsin, or another state's lav | raffic offenses unless related to alcohol |
| ordinances? | ceral, visconsili, or allother states lav | Yes |
| If yes to question 2, describe nati sheets as needed. | , | |
| If yes to question 2, describe nati sheets as needed. | | |
| If yes to question 2, describe natisheets as needed. | | (n. |
| If yes to question 2, describe natisheets as needed. | | |
| Part E: Attestation READ CAREFULLY BEFORE SIGnuthfully. I certify that I am not probeverage industry as a restricted in under penalty of state law. I further with this application, and that any proforfeit not more than \$1,000 if co | SNING: Under penalty of law, I have hibited from participating in this bush investor. I understand that any licens understand that I may be prosecuted to person who knowingly provides mater | answered each of the above questions completely an ness due to any involvement in another tier of the alcoha issued contrary to Wis. Stat. Chapter 125 shall be voor submitting false statements and affidavits in connectinally false information on this application may be required. |
| Part E: Attestation. READ CAREFULLY BEFORE SIGn truthfully. I certify that I am not probeverage industry as a restricted in under penalty of state law. I further with this application, and that any proferied in the control of the | SNING: Under penalty of law, I have hibited from participating in this bush investor. I understand that any licens understand that I may be prosecuted to person who knowingly provides mater | answered each of the above questions completely an east due to any involvement in another tier of the alcoha issued contrary to Wis. Stat. Chapter 125 shall be votor submitting false statements and affidavits in connectinally false information on this application may be required. |
| Part E: Attestation | SNING: Under penalty of law, I have hibited from participating in this bush investor. I understand that any licens understand that I may be prosecuted to person who knowingly provides mater | answered each of the above questions completely an ness due to any involvement in another tier of the alcoha issued contrary to Wis. Stat. Chapter 125 shall be voor submitting false statements and affidavits in connectinally false information on this application may be required. |
| Part E: Attestation READ CAREFULLY BEFORE SIGnuthfully. I certify that I am not probeverage industry as a restricted in under penalty of state law. I further with this application, and that any proforfeit not more than \$1,000 if co | SNING: Under penalty of law, I have hibited from participating in this bush investor. I understand that any licens understand that I may be prosecuted to person who knowingly provides mater | answered each of the above questions completely an ness due to any involvement in another tier of the alcohe issued contrary to Wis. Stat. Chapter 125 shall be voor submitting false statements and affidavits in connecting |
| Part E: Attestation READ CAREFULLY BEFORE SIG truthfully. I certify that I am not probeverage industry as a restricted is under penalty of state law. I further with this application, and that any property of the state of th | SNING: Under penalty of law, I have hibited from participating in this bush investor. I understand that any licens understand that I may be prosecuted to person who knowingly provides mater | answered each of the above questions completely arness due to any involvement in another tier of the alcohe issued contrary to Wis. Stat. Chapter 125 shall be voior submitting false statements and affidavits in connectionally false information on this application may be require |
| Part E: Attestation READ CAREFULLY BEFORE SIGnuthfully. I certify that I am not probeverage industry as a restricted in under penalty of state law. I further with this application, and that any proforfeit not more than \$1,000 if co | SNING: Under penalty of law, I have hibited from participating in this bush investor. I understand that any licens understand that I may be prosecuted to person who knowingly provides mater | answered each of the above questions completely an ness due to any involvement in another tier of the alcohe issued contrary to Wis. Stat. Chapter 125 shall be voior submitting false statements and affidavits in connectionally false information on this application may be required. |