

# Cigarette, Tobacco, and Electronic Vaping Device Retail License Application

FOR CLERKS ONLY	
Municipality	Dodgeville City of
License Period	7/1/2026 to 6/30/2027

**Part A: Premises/Business Information**

1. Legal Business Name (individual name if sole proprietor) <b>Kwik Trip, Inc.</b>			
2. Business Trade Name or DBA <b>Kwik Trip 340</b>			
3. FEIN <b>39-1036365</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			
6. State of Organization <b>WI</b>	7. Date of Organization <b>10/07/1964</b>	8. Wisconsin DFI Registration Number <b>1K04801</b>	
9. Premises Address (do not use PO Box) <b>1122 N Bequette St</b>			
10. City <b>Dodgeville</b>	11. State <b>WI</b>	12. Zip Code <b>53533</b>	
13. County <b>Iowa</b>	14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: <b>Dodgeville City</b>		15. Aldermanic District <b>-----</b>
16. Mailing Address (if different from premises address) <b>Kwik Trip – Legal Dept., P.O. Box 2107</b>			
17. City <b>La Crosse</b>	18. State <b>WI</b>	19. Zip Code <b>54602-2107</b>	
20. Premises Phone <b>608-930-2200</b>	21. Premises Email <b>LicensingDept@kwiktrip.com</b>		22. Website <b>www.KwikTrip.com</b>
23. Premises Description - Describe the building or buildings where cigarettes, tobacco products, and electronic vaping devices are to be sold and stored. Describe all rooms including living quarters, if used, for the sales and/or storage of cigarettes, tobacco products, and electronic vaping devices and records. Cigarettes, tobacco products, and electronic vaping devices may be sold and stored ONLY on the premises described in this application. Attach a floor plan if possible.  - Behind Sales Counter. Records kept in office area.			

**Part B: Questions**

1. What products will be sold at this business location? (check all that apply) <input checked="" type="checkbox"/> Cigarettes <input checked="" type="checkbox"/> Tobacco Products <input checked="" type="checkbox"/> Electronic Vaping Devices
2. How will cigarettes, tobacco, and/or electronic vaping devices be sold? (check all that apply) <input checked="" type="checkbox"/> Over the counter <input type="checkbox"/> Vending machine
3. Is the applicant business owned by another business entity? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, provide the name(s) and FEIN(s) of the business entity(s) below. Attach additional sheets if necessary 3a. Name of Business Entity: ----- 3b. FEIN of Business Entity: -----

**Part C: Individual Information**

List the name, title, and phone number for each person or entity holding the following titles or positions in the applicant business and any businesses listed in Part B, Question 3: sole proprietor: all officers, directors, and agents of a corporation: all partners of a partnership: and all members and agents of a limited liability company. Attach additional sheets if necessary.

Include Form CTV-101, *Individual Questionnaire*, for each person listed below.

Last Name	First Name	Title	Phone
Zietlow	Scott P	CEO & President	(608) 791-7385 (608) 793-4741
Wagner	David P	CFO & Treasurer	(608) 791-7385 (608) 793-4741
Oomens	Scott Frederick	Agent	608-574-9043

**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 managing member of an LLC

**READ CAREFULLY BEFORE SIGNING:**

I understand and agree to the following:

- I will only purchase cigarettes, tobacco, and vapor products from distributors, jobbers, or subjobbers permitted by the Wisconsin Department of Revenue, unless I also hold the proper distributor's permit and pay all applicable excise taxes.
- I will not purchase or exchange products from another retailer, including transferring existing stock to a new owner.
- I will provide tobacco sales training that has been approved by the Wisconsin Department of Health Services to my employees. (<https://witobaccocheck.org>).
- I will not sell single cigarettes.
- I will not sell, give, or otherwise provide cigarettes, tobacco, or any nicotine products to minors.
- I will keep product invoices on the licensed premises for two years and ensure the records are available for inspection by law enforcement. Failure to comply with this will result in criminal penalties, including loss of inventory.
- I will not sell cigarettes or roll-your-own (RYO) tobacco products unless listed on the Wisconsin Department of Justice's directory of certified tobacco manufacturers and brands.
- I will not sell or offer for sale any electronic vaping device unless listed on the Wisconsin Department of Revenue's electronic vaping device directory.

Further, under penalty provided by law, I state that this application has been truthfully answered to the best of my knowledge. I agree

to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another. Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature <i>Scott P. Zietlow</i>	Date 02/27/2026	
Name (Last, First, M.I.) Zietlow, Scott P		
Title CEO & President	Email LicensingDept@kwiktrip.com	Phone (608) 791-7385 (608) 793-4741

**Part E: For Clerk Use Only**

Date application was filed with clerk	Date license issued	Date license expires	License number
License fees	Signature of Clerk/Deputy Clerk		

Form  
CTV-102

# Cigarette, Tobacco, and Electronic Vaping Device Appointment of Agent

Date  
4-17-2025

Agent Type (check one):  Original  Change

### Part A: Agent Information

1. Last Name Oomens	2. First Name Scott	3. M.I. Frederick
4. Email LicensingDept@kwiktrip.com	5. Phone 608-574-9043	
6. Home Address 414 E Madison St		
7. City Dodgeville	8. State WI	9. Zip Code 53533
10. Date of Birth 9/19/1965	11. Driver's License/State ID Number O552-7866-5339-08	12. Driver's License/State ID State of Issuance WI

### Part B: Questions

1. Have you completed Form CTV-101, *Cigarette, Tobacco, and Electronic Vaping Device License - Individual Questionnaire*? Submit a completed Form CTV-101 with this form.  Yes  No
2. If this is a change of agent, please describe the reason for the agent change. Attach additional sheets if necessary.

### Part C: Business Information

1. Legal Business Name (individual name if sole proprietor) Kwik Trip, Inc.		
2. Business Trade Name or DBA Kwik Trip 340		
3. Entity Type (check one) <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation		
4. Premises Address 1122 N Bequette St		
5. City Dodgeville	6. State WI	7. Zip Code 53533

### Part D: Attestations

**READ CAREFULLY BEFORE SIGNING:** I, the Licensee or Permittee, authorize the above-named individual to act for the above-named corporation or limited liability company with full authority and control of the premises and of all business relative to cigarettes, tobacco products, and/or electronic vaping devices conducted therein. I certify that I am authorized by the 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.

Signature of Licensee (officer, member, or authorized signatory) <i>Scott P. Zietlow</i>	Date 03/01/2025
Name of Person Signing for Licensee Scott P. Zietlow	Title CEO & President

**READ CAREFULLY BEFORE SIGNING:** I, the Agent, hereby accept this appointment as agent for the above-named corporation or limited liability company and assume full responsibility for the conduct of all business relative to sales of cigarettes, tobacco products, and/or electronic vaping devices conducted 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 form, and that any person who knowingly provides materially false information on this form may be required to forfeit not more than \$1,000 if convicted.

Signature of Agent <i>Scott F Oomens</i>	Date 4-17-2025
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Date 4-17-2025

Form  
CTV-101

**Cigarette, Tobacco, and Electronic  
Vaping Device License - Individual Questionnaire**

**Part A: Business Information**

1. Legal Business Name (individual name if sole proprietor) Kwik Trip, Inc.			
2. Business Trade Name or DBA Kwik Trip 340			
3. Entity Type (check one)			
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company	<input checked="" type="checkbox"/> Corporation

**Part B: Individual Information**

1. Name (Last) Oomens		2. Name (First) Scott		3. Name (M.I.) Frederick	
4. Relationship to Business (Title) Agent		5. Email LicensingDept@kwiktrip.com		6. Phone 608-574-9043	
7. Home Address 414 E Madison St					
8. City Dodgeville		9. State WI	10. Zip Code 53533		11. Date of Birth 9/19/1965
12. Driver's License/State ID Number O552-7866-5339-08			13. Driver's License/State ID State of Issuance WI		

**Part C: Individual's Address History**

List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

Previous Address	City	State	Zip Code
414 E Madison St.	Dodgeville	WI	53533
Previous Address 2	City	State	Zip Code
Previous Address 3	City	State	Zip Code
Previous Address 4	City	State	Zip Code
Previous Address 5	City	State	Zip Code
Previous Address 6	City	State	Zip Code

If applicable, 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
IA	Muscatine	IA	Scott	IL	Henry	IL	La Salle
IL	McHenry	IL	Boone	WI	IOWA		

Continued →

**Part D: Individual's Criminal History**

1. Have you ever been convicted of any offenses (other than traffic offenses) 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:

Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses currently pending against you (other than traffic offenses) 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.

*(This area is currently blank for describing pending charges.)*

**Part E: Attestation by Individual**

**READ CAREFULLY BEFORE SIGNING:** 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 an application for cigarette, electronic vaping devices, and tobacco products retail license may be required to forfeit not more than \$1,000 if convicted. I declare under penalties of the law that I have examined this information, and, to the best of my knowledge, it is true, correct, and complete to the best of my knowledge and belief.

Signature Scott F Owens Date 4-17-2025

**Part F: Licensing Authority Approval**

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, this individual does not have a criminal record that would disqualify them from having an interest in a cigarette, tobacco product, or electronic vaping device retailer license according to sec. 134.65(1m), Wis. Stats.

Name of Local Official \_\_\_\_\_ Title Mayor  
 Signature of Local Official \_\_\_\_\_ Date \_\_\_\_\_