

Form
CTV-102

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

Date

Agent Type (check one): ☐ Original ☒ Change

Part A: Agent Information

1. Last Name Ryan	2. First Name Bethany	3. M.I. G.
4. Email LicensingDept@kwiktrip.com		5. Phone
6. Home Address		
7. City Tomah		8. State WI
		9. Zip Code 54660
10. Date of Birth	11. Drivers License/State ID Number	12. Drivers License/State ID State of Issuance WI

Part B: Questions

1. Have you completed Form CTV-101, *Cigarette, Tobacco, and Electronic Vaping Device - 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.
New manager assigned to oversee the store.

Part C: Business Information

1. Legal Business Name (Individual name if sole proprietor) Kwik Trip, Inc.		
2. Business Trade Name or DBA Kwik Trip 776		
3. Entity Type (check one) ☐ Limited Liability Company ☒ Corporation		
4. Premises Address 22 N. Union St.		
5. City Mauston	6. State WI	7. Zip Code 53948

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.

Sig _____ Name of Person Signing Scott P. Zietlow	or, or authorized signatory) _____ Title President/CEO	Date 6/10/25
--	---	-----------------

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.

Sig _____ Date 6/10/2025

Date

Form
CTV-101Cigarette, Tobacco, and Electronic
Vaping Device - 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 776

3. Entity Type (check one)

☐ Sole Proprietor☐ Partnership☐ Limited Liability Company☒ Corporation

Part B: Individual Information

1. Name (Last)

Ryan

2. Name (First)

Bethany

3. Name (M.I.)

G.

4. Relationship to Business (Title)

Agent

5. Email

LicensingDept@kwiktrip.com

6. Phone

7. Home Address

8. City

Tomah

9. State

WI

10. Zip Code

54660

11. Date of Birth

12. Drivers License/State ID Number

13. Drivers 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 1	City Tomah	State WI	Zip Code 54660
Previous Address 2	City Norwalk	State WI	Zip Code 54648
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 WI	County Monroe	State MN	County Olmsted	State	County	State	County
State	County	State	County	State	County	State	County

Continued →

Wisconsin Department of Revenue

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? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ 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.

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

Date

6/10/2025

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

Signature of Local Official

Date

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 776

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

Ryan

2. First Name

Bethany

3. M.I.

G.

4. Email

LicensingDept@kwiktrip.com

5. Phone

6. Home Address

7. City

Tomah

8. State

WI

9. Zip Code

54660

10. Date of Birth

11. Driver's License/State ID Number

12. Driver's 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 ☐ No2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire (licensee) or
Form AB-300, Alcohol Beverage Personal Questionnaire (permittee)?☒ Yes ☐ No3. 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 President	Email LicensingDept@kwiktrip.com	Phone 608-793-4741
Signature		Date 6/10/25

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 Ryan	First Name Bethany	M.I. G.
Signature	Date 6/10/2025	

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 776	
3. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☒ Corporation ☐ Nonprofit Organization	

Part B: Individual Information			
1. Last Name Ryan		2. First Name Bethany	
3. M.I. G.		4. Relationship to Business (Title) Agent	
5. Email LicensingDept@kwiktrip.com		6. Phone	
7. Home Address			
8. City Tomah		9. State WI	10. Zip Code 54660
11. Date of Birth		12. Drivers License/State ID Number 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) 08/2019			
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.			
Previous Address 1		City Tomah	State WI
Previous Address 2		City Norwalk	State WI
Previous Address 3		City	State
Previous Address 4		City	State
Previous Address 5		City	State
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.			
State WI	County Monroe	State MN	County Olmsted
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? ☐ Yes ☐ No	
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed? ☐ Yes ☐ No	
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed? ☐ Yes ☐ 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

6/10/2025