

(App-185648)

### License or Permit Type

---

**License or Permit Type**

**Length of License Requested**

Class E Retail Alcohol License

12 Month

**Tentative Effective Date**

**Tentative Expiration Date**

2023-10-03

2024-10-02

### Privileges / Sub-Permits Information

---

**Privileges**

**Sub-Permits**

### Premises Information

---

**Business Information**

**\* (required) Name of Legal Entity (The name of the individual, partnership, corporation or other similar legal entity that is receiving the income from the alcoholic beverages sold)**

KWIK TRIP, INC.

**\* (required) Name of Business (D/B/A)**

Kwik Star #1156

**Indicate how the business will be operated**

Corporation

**\* (required) Federal Employer ID #**

39-1036365

**\* (required) Business Number of Secretary of State**

106706

**Tentative Expiration Date**

Oct 2, 2024

## Premises Information

Please select here if your location is in an unincorporated town

## Address of Premises:

You must use the Address or location field below to search for your operating location. If your event does not populate, please find the closest applicable address and then modify your premises street field to better identify the address of your event.

**Address or location**

1350 Industrial Park Dr,Oelwein,Iowa,Fayette

Search by a location name or address to automatically populate the address fields below (optional)

**\* (required) Premises Street**

1350 Industrial Park Dr

**Premises Suite/Apt Number**

**\* (required) Premises City**

Oelwein

**Premises State**

Iowa

**\* (required) Premises Zip/Postal Code**

50662

**Premises County**

Fayette

**\* (required) Local Authority**

City of Oelwein

**Control of Premises**

Own

**Premises Type**

Convenience Store

**Does your premises conform to all local and state health, fire and building laws and regulation?**

Yes

**Does or will your licensed location wholesale alcoholic beverages to on-premises retail alcohol licensees?**

Yes

**\* (required) The total square footage of the entire retail sales area plus any alcoholic beverage storage areas of the business. This includes areas of walk-in alcoholic beverage coolers that are accessible to the public.**

4,160

**Hours of Operation: Beginning**

12:00 AM

**Hours of Operation: Ending**

11:59 PM

**Hours deliveries may be received: Beginning**

6:00 AM

**Hours deliveries may be received: Ending**

6:00 PM

Are the hours of deliveries flexible?

Yes

## Contact Information

\* (required) Contact Name

Deanna Hafner

\* (required) Business

(required) Extension

(319) 636-7100

\* (required) Email Address

dhafner@kwiktrip.com

\* (required) Phone

(required) Extension

(808) 793-6262

Same as Premises Address

## Mailing Address:

You must use the Address or location field below to search for your operating location. If your event does not populate, please find the closest applicable address and then modify your premises street field to better identify the address of your event.

Address or location

1626 Oak St,La Crosse,Wisconsin,LaCrosse

Search by a location name or address to automatically populate the address fields below (optional)

Mailing Street

1626 Oak St

Mailing Suite/Apt Number

PO Box 2107

Mailing City

Mailing State

La Crosse

Wisconsin

**Mailing Zip/Postal Code**

**Mailing County**

54603

LaCrosse

## Ownership

### **Scott Zietlow**

**Position:** Owner

**SSN:** XXX-XX-0467

**US Citizen:** Yes

**Ownership:** 100%

**DOB:** 12/14/1957

### **Jeffrey Wrobel**

**Position:** Treasurer

**SSN:** XXX-XX-7429

**US Citizen:** Yes

**Ownership:** 0%

**DOB:** 07/16/1960

### **Thomas Reinhart**

**Position:** Secretary

**SSN:** XXX-XX-9524

**US Citizen:** Yes

**Ownership:** 0%

**DOB:** 02/15/1954

## Criminal History Information

**Since the license was last issued, has anyone listed on the Ownership page been charged or convicted of a felony offense in Iowa or any other state of the United States?**

No

**Since the license was last issued, has anyone listed on the Ownership page been convicted of any violation of any state, county, city, federal or foreign law (not including traffic violations, except those that are alcohol related)?**

No

# Local Authority Information

**Extension**

**\* (required) Daytime Phone for**

**Local Authority**

(319) 283-5440

**Sketch on File**

**Proof of Control of Property ( Deed / Final Sales Contract / Lease / Written Agreement )**

**\*\*Purchase agreements not accepted**

**Premise's Address Correct?**

**Premises Zoned Properly?**

**Fire Inspection Completed?**

**Health Inspection Completed?**

**Was a DCI background check run?**

**Previous License Number for this Location**

**\* (required) Local Authority Email Address**

**Comments**

**Amount Owed to Local Authority**

## Document Upload Information

---

DOCUMENT NAME

Proof of Control of Property ( Deed / Final Sales Contract / Lease / Written Agreement )

\*\*Purchase agreements not accepted

UPLOADED DOCUMENTS

**1156 Deed.pdf**

ADDITIONAL COMMENTS

---

DOCUMENT NAME

Sketch

UPLOADED DOCUMENTS

**1156 fp.pdf**

ADDITIONAL COMMENTS

---

DOCUMENT NAME

TTB Basic Permit

UPLOADED DOCUMENTS

**1 IA Wholesale Dealer App**

ADDITIONAL COMMENTS