Ownership Updates Application (App-195891) For (LG0000514)

License or Permit Type

License or Permit Type

Length of License Requested

Class B Retail Alcohol License 12 Month

Tentative Effective Date Tentative Expiration Date

2023-05-28 2024-05-27

Privileges / Sub-Permits Information

Privileges

Sub-Permits

Premises Information

Business Information

(required) Name of Legal Entity (The name of the	* (required) Name of Business (D/B/A)
ndividual, partnership, corporation or other similar	Kwik Star #665
egal entity that is receiving the income from the al-	
oholic beverages sold)	
KWIK TRIP, INC.	
ndicate how the business will be operated	* (required) Federal Employer ID #
Corporation	39-1036365
(required) Business Number of Secretary of State	
Premises Information Address of Premises:	
	w to search for your operating location. If your
Address of Premises:	
Address of Premises: You must use the Address or location field belo	t applicable address and then modify your
Address of Premises: You must use the Address or location field belo event does not populate, please find the closes premises street field to better identify the addre	t applicable address and then modify your
Address of Premises: You must use the Address or location field belo event does not populate, please find the closes	t applicable address and then modify your
Address of Premises: You must use the Address or location field belo event does not populate, please find the closes premises street field to better identify the addre	at applicable address and then modify your ass of your event.
Address of Premises: You must use the Address or location field belowevent does not populate, please find the closes premises street field to better identify the address or location 10 1st Ave SE,Oelwein,Iowa,Fayer	at applicable address and then modify your less of your event.
Address of Premises: You must use the Address or location field belowevent does not populate, please find the closest premises street field to better identify the address or location 10 1st Ave SE,Oelwein,lowa,Fayed Search by a location name or address to automatic	tt applicable address and then modify your ess of your event. tte tically populate the address fields below (optional)
Address of Premises: You must use the Address or location field belowevent does not populate, please find the closes premises street field to better identify the address or location 10 1st Ave SE,Oelwein,Iowa,Fayer	at applicable address and then modify your ess of your event.
Address of Premises: You must use the Address or location field belowevent does not populate, please find the closest premises street field to better identify the address or location 10 1st Ave SE,Oelwein,lowa,Fayed Search by a location name or address to automatic	tt applicable address and then modify your ess of your event. tte tically populate the address fields below (optional)
Address of Premises: You must use the Address or location field beloevent does not populate, please find the closest premises street field to better identify the address or location 10 1st Ave SE,Oelwein,Iowa,Fayer Search by a location name or address to automatic temperature of the company of the compa	tt applicable address and then modify your ess of your event. tte tically populate the address fields below (optional)
Address of Premises: You must use the Address or location field beloevent does not populate, please find the closest premises street field to better identify the address or location 10 1st Ave SE,Oelwein,Iowa,Fayer Search by a location name or address to automatic temperature of the company of the compa	tt applicable address and then modify your ess of your event. tte tically populate the address fields below (optional)

* (required) Premises Zip/Postal Code	Premises County
50662	Fayette
* (required) Local Authority (Select the Local Authority which has jurisdiction over the premises where operations	Control of Premises Own
will be conducted) City of Oelwein	
* (required)# of Floors:	Premises Type
1	Convenience Store
Does your premises conform to all local and state	Does or will your licensed location wholesale alco
health, fire and building laws and regulation? Yes	holic beverages to on-premises retail alcohol licensees?
	Yes
* (required) The total square footage of the entire	
retail sales area plus any alcoholic beverage stor-	
age areas of the business. This includes areas of	
walk-in alcoholic beverage coolers that are accessible to the public.	
1,738	
Contact Information	
* (required) Contact Name	* * (required) Business
Deanna Hafner	(required) Extensi 8h one
	(319) 283-2113

(required) Email Address	* * (required)	riione
hafner@kwiktrip.com	(required) Extensi 2808) 793-6	262
Same as Premises Address		
lailing Address:		
You must use the Address or loca	ation field below to search for your operating	location. If yo
event does not populate, please f	find the closest applicable address and then	modify your
premises street field to better ider	ntify the address of your event.	
Address or location		
	Win compined a Consequent	
1626 Oak St,La Crosse		
1626 Oak St,La Crosse	e,Wisconsin,LaCrosse ess to automatically populate the address fiel	ds below (opti
1626 Oak St,La Crosse Search by a location name or addre		ds below (opti
1626 Oak St,La Crosse Search by a location name or addre	ess to automatically populate the address fiel	ds below (opti
1626 Oak St,La Crosse Search by a location name or addre	ess to automatically populate the address fiel Mailing Suite/Apt Number	ds below (opti
1626 Oak St,La Crosse Search by a location name or addre Mailing Street 1626 Oak St	Mailing Suite/Apt Number PO Box 2107	ds below (opti
Search by a location name or address	ess to automatically populate the address fiel Mailing Suite/Apt Number	ds below (opti
1626 Oak St,La Crosse Search by a location name or addre Mailing Street 1626 Oak St	Mailing Suite/Apt Number PO Box 2107	ds below (opti
1626 Oak St,La Crosse Search by a location name or addre Mailing Street 1626 Oak St Mailing City	Mailing Suite/Apt Number PO Box 2107 Mailing State	ds below (opti
1626 Oak St,La Crosse Search by a location name or addre Mailing Street 1626 Oak St Mailing City La Crosse	Mailing Suite/Apt Number PO Box 2107 Mailing State Wisconsin	ds below (opti
1626 Oak St,La Crosse Search by a location name or addre Mailing Street 1626 Oak St Mailing City	Mailing Suite/Apt Number PO Box 2107 Mailing State	ds below (opti

Ownership

David Wagner Scott Zietlow Thomas Reinhart Position: Treasurer **Position:** Secretary Position: Owner **SSN:** XXX-XX-0467 **SSN**: XXX-XX-9428 **SSN:** XXX-XX-9524 US Citizen: Yes US Citizen: Yes US Citizen: Yes Ownership: 100% Ownership: 0% Ownership: 0% **DOB**: 12/15/1957 **DOB:** 10/05/1965 **DOB**: 02/15/1954

Criminal History Information Has anyone listed on the Ownership page been charged or convicted of a felony offense in lowa or any other state of the United States? No tions, except those that are alcohol related)? No

Extension	* (required) Daytime Phone for	Was a DCI background check run?
	Local Authority	No
	(319) 283-5440	
* (required) L	ocal Authority Email Address	Comments
)cityofoelwein.org	

Document Upload Information

DOCUMENT NAME

Sketch

UPLOADED DOCUMENTS

ADDITIONAL COMMENTS

DOCUMENT NAME

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

**Purchase agreements not accepted

UPLOADED DOCUMENTS

ADDITIONAL COMMENTS

DOCUMENT NAME

TTB Basic Permit

UPLOADED DOCUMENTS

ADDITIONAL COMMENTS