Ownership Updates Application (App-173384) For (BC0020787)

License or Permit Type			
License or Permit Type	Length of License Requested		
Class C Beer Permit	12 Month		
Tentative Effective Date	Tentative Expiration Date		
2022-05-28	2023-05-27		

Privileges / Su	b-Permits	Information
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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.

Indicate how the business will be operated

* (required) Federal Employer ID #

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

Corporation

39-1036365

Kwik Star #665

* (required) Business Number of Secretary of State

106706

Premises Information

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

10 1st Avenue SE, Oelwein, Iowa, Fayette

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

* (required) Premises Street Premises Suite/Apt Number 10 1st Avenue SE * (required) Premises City Premises State Oelwein lowa

* (required) Premises Zip/Postal Code

50662-0000

Premises County

Fayette

* (required)Local Authority City of Oelwein

Control of Premises

* (required) # of Floors:

Own

1

Are other liquor, wine or beer businesses accessi-

ble from the interior of your premises?

No

Premises Type

Does your premises conform to all local and state

Convenience Store

health, fire and building laws and regulation?

Yes

* (required) Square footage of the entire retail sales area of the business, including area of walk-in coolers that are accessible to the public. This includes all areas where non-alcohol products are also sold. Do not include areas that are not accessible to the public (offices, bathroom, kitchen, storage area etc.).

1,501

Contact Information

* (required) Contact Name

Deanna Hafner

* (required) Business

(required) Extensi**8h**one

(319) 283-2113

(required) Email Address	* * (require	-
hafner@kwiktrip.com	(required) Extensi providence (required) (re	-6262
Same as Premises Address		
Same as Fremises Audress		
lailing Address:		
You must use the Address or location field be	elow to search for your operati	ng location. If your
event does not populate, please find the clos	est applicable address and the	en modify your
premises street field to better identify the ad	dress of your event.	
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PO Box 2107,La Crosse,Wiscon Search by a location name or address to autor Mailing Street PO Box 2107 Mailing City	Mailing Suite/Apt Number	ields below (optional

Ownership

Scott Zietlow	Jeffrey Wrobel	Thomas Reinhart
Position: Owner	Position: Treasurer	Position: Secretary
SSN: XXX-XX-0467	SSN: XXX-XX-7429	SSN: XXX-XX-9524
US Citizen: Yes	US Citizen: Yes	US Citizen: Yes
Ownership: 100%	Ownership: 0%	Ownership: 0%
DOB: 12/14/1957	DOB: 07/16/1960	DOB: 02/15/1954

Criminal History Information

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 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

* (required) Local Authority Email Address

Was a DCI background check run?

No

Comments

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