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## License or Permit Type

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**License or Permit Type**

Class E Liquor License

**Length of License Requested**

12 Month

**Tentative Effective Date**

2022-10-03

**Tentative Expiration Date**

2023-10-02

## Privileges / Sub-Permits Information

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### Privileges

Sunday Sales

### Sub-Permits

Class B Wine Permit

Class C Beer Permit

## Premises Information

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### 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**

Privately Held Corporation

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

39-1036365

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

106706

**Tentative Expiration Date**

Oct 2, 2023

### 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

**Are other liquor, wine or beer businesses accessible from the interior of your premises?**

No

**\* (required) # of Floors:**

1

**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 spirits to on-premises liquor control licensees?**

No

**\* (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.).**

4,160

**\* (required) Square footage of the entire interior area of the building, including, but not limited to, all areas used in the storage, distribution, wholesale and retail sale of merchandise, offices, bathrooms, break rooms etc.**

9,100

**Do you sell gasoline?**

Yes

**Do you have a separate premises for the sale of alcoholic liquor (spirits)?**

No

**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) ExtēnsiPhone**

on

(608) 793-6262

**\* (required) Email Address**

dhafner@kwiktrip.com

**\* (required) Phone**

(608) 793-6262

\*

(required) Extensi

on

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

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

### Mailing Street

### Mailing Suite/Apt Number

### Mailing City

### Mailing State

### Mailing Zip/Postal Code

### Mailing County

## Ownership

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**Donald Zietlow****Position:** President**SSN:** XXX-XX-1927**US Citizen:** Yes**Ownership:** 100%**DOB:** 12/04/1934**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

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

**Sketch on File**

Yes

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

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

Yes

**Premise's Address Correct?**

Yes

**Premises Zoned Properly?**

Yes

**Fire Inspection Completed?**

No

**Health Inspection Completed?**

No

**Was a DCI background check run?**

No

**Previous License Number for this Location**

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

deputyclerk@cityofelweil.org

**Comments**

**Amount Owed to Local Authority**

200.00

**Document Upload Information**

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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