

(App-178379)

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 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 #665

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

May 27, 2024

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 Ave SE,Oelwein,Iowa,Fayette

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

*** (required) Premises Street**

10 1st Ave SE

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

*** (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 beverages to on-premises retail alcohol licensees?

Yes

*** (required) Square footage of the entire alcoholic beverage retail sales and alcoholic beverage storage areas of the business, including areas of walk-in alcoholic beverage coolers that are accessible to the public.**

1,738

Contact Information

*** (required) Contact Name**

Deanna Hafner

*** (required) Business**

(required) Extension

(319) 283-2113

*** (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

La Crosse

Mailing State

Wisconsin

Mailing Zip/Postal Code

54602

Mailing County

LaCrosse

Ownership

Scott Zietlow**Position:** Owner**SSN:** XXX-XX-0467**US Citizen:** Yes**Ownership:** 100%**DOB:** 12/15/1957**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

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

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

****Purchase agreements not accepted**

Premise's Address Correct?

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@cityofelwein.org

Comments

Amount Owed to Local Authority

162.50

Document Upload Information

DOCUMENT NAME

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

****Purchase agreements not accepted**

UPLOADED DOCUMENTS

ADDITIONAL COMMENTS

DOCUMENT NAME

Sketch

UPLOADED DOCUMENTS

665 FP

ADDITIONAL COMMENTS

DOCUMENT NAME

TTB Basic Permit

UPLOADED DOCUMENTS

1 IA Wholesale Dealer App

ADDITIONAL COMMENTS