

(App-217652)

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

2025-05-28

2026-05-27

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, 2026

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 (Select the Local Authority which has jurisdiction over the premises where operations will be conducted)**

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.**

1,738

Contact Information

*** (required) Contact Name**

Deanna Hafner

*** (required) Business**

(required) Extension Phone

ion

(319) 283-2113

*** (required) Email Address**

dhafner@kwiktrip.com

*

*** (required) Phone**

(required) Extens

(608) 793-6262

ion

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

David Wagner

Position: Treasurer

SSN: XXX-XX-9428

US Citizen: Yes

Ownership: 0%

DOB: 10/05/1965

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

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@cityofelwein.org

Comments

Amount Owed to Local Authority

162.50

Document Upload Information

DOCUMENT NAME

Sketch

UPLOADED DOCUMENTS

665 FP

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

1 IA Wholesale Dealer App

ADDITIONAL COMMENTS