3/21/22, 8:51 AM New Permit

Services <a href="https://directory.iowa.gov/service/Index?\_ga=1.101492737.1604613096.1488473035&ia\_slv=1647870665075">https://directory.iowa.gov/service/Index?\_ga=1.101492737.1604613096.1488473035&ia\_slv=1647870665075</a>

Agencies <a href="https://directory.iowa.gov/?ia\_slv=1647870665075">https://directory.iowa.gov/?ia\_slv=1647870665075</a>

Social <a href="https://directory.iowa.gov/social/Index?ia\_siv=1647870665075">https://directory.iowa.gov/social/Index?ia\_siv=1647870665075>

(App-157047)

<a href="https://www.iowa.gov/search/google?ia\_slv=1647870665075">https://www.iowa.gov/search/google?ia\_slv=1647870665075</a>

License	or	Permit	Type

License or Permit Type

Class C Beer Permit

Length of License Requested

12 Month

Tentative Effective Date

2022-05-28

**Tentative Expiration Date** 

2023-05-27

### Privileges / Sub-Permits Information

Privileges

Sunday Sales

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

Privately Held Corporation

\* (required) Federal Employer ID #

39-1036365

\* (required) Business Number of Secretary of State

106706

**Tentative Expiration Date** 

May 27, 2023

## **Premises Information**

## **Address of Premises:**

https://iowaabd.force.com/s/laabNewPermit?appId=a0Y8y0000026yBvEAI

#### 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

10 1st Avenue SE

Premises Suite/Apt Number

\* (required) Premises City

Oelwein

**Premises State** 

lowa

\* (required) Premises Zip/Postal Code

50662-0000

**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:

Premises Type

Convenience Store

Does your premises conform to all local and state 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) Extensio

\* (required) Business Phone

(319) 283-2113

\* (required) Email Address

dhafner@kwiktrip.com

\* (required) Phone (608) 793-6262

(required) Extensio

#### Same as Premises Address

## Mailing Address:

#### Address or location

PO Box 2107,La Crosse,Wisconsin,

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

Mailing Street PO Box 2107	Mailing Suite/Apt Number
Mailing City	Mailing State
La Crosse	Wisconsin
Mailing Zip/Postal Code	Mailing County

## Ownership

54602-2107

Donald Zietlow	Jeffrey Wrobel	Thomas Reinhart
Position: President	Position: Treasurer	Position: Secretary
SSN: XXX-XX-1927	SSN: XXX-XX-7429	SSN: XXX-XX-9524
US Citizen: Yes	US Citizen: Yes	US Citizen: Yes
Ownership: 100%	Ownership: 0%	Ownership: 0%
DOB: 12/04/1934	DOB: 07/16/1960	<b>DOB:</b> 02/15/1954

No

# 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 lowa or any other state of the United States?

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)?

Local Authority Information

No

**New Permit** Extension ... \* (required) Daytime Phone for Local Authority Sketch on File (319) 283-5440 Yes Lease, Final Sales Contract, or Warranty Deed on File (Purchase agreements not Premise's Address Correct? accepted) Yes Yes Premises Zoned Properly? Fire Inspection Completed? Yes Νo Was a DCI background check run? **Health Inspection Completed?** No Νo **Previous License Number for this Location** \* (required) Local Authority Email Address deputyclerk@cityofoelwein.org Comments **Amount Owed to Local Authority** 100.00 **Document Upload Information** 

DOCUMENT NAME

Deed/Final Sales Contract or Lease

UPLOADED DOCUMENTS

665 Oelwein - Deed.pdf

ADDITIONAL COMMENTS

DOCUMENT NAME

Sketch

UPLOADED DOCUMENTS

665 FP.pdf

ADDITIONAL COMMENTS