



NORTH HUDSON POLICE DEPARTMENT

Village of North Hudson

400 Seventh Street North • Hudson, Wisconsin 54016
(715) 386-8433 {office} • (715) 386-7011 {fax}

Mark D. Richert
Chief of Police

MEMORANDUM FOR NORTH HUDSON VILLAGE CLERK MELISSA LUEDKE

FROM: CHIEF MARK RICHERT *MDR*

DATE: 01 OCTOBER 2020

RE: ALCOHOL BEVERAGE LICENSE APPLICATION – AGENTS & OFFICERS

As requested, I have conducted a check of the background of the agents and officers listed for the following establishment:

- Kwik Trip, 740 6th St. N.

The agent and officers listed for the alcohol license for the above establishment have no negative contacts or criminal history to prohibit the licenses issuance.



Legal

PHONE 608-781-8988

FAX 608-793-6120

VIA UPS AND EMAIL
1Z5891931393776997

1626 Oak St., P.O. Box 2107
La Crosse, WI 54602

www.kwiktrip.com

September 17, 2020



Ms. Melissa Luedtke
Village of North Hudson
400 7th St. N.
North Hudson, WI 54016-1166

RE : License Application
Kwik Trip 935
740 6th St. N.

Dear Melissa:

I am writing to follow up on our telephone conversations earlier this week. Our application for liquor was not approved at last year's Village Council meetings. We would like to request that the Village Council again consider our application to sell all Class A products.

Over the past several years we have been expanding our food selections to include more meal preparation ingredients including fresh produce and meats as well as chicken and take-home-meal options. As a result, our customers can shop for an entire meal with one "Kwik" stop at their local Kwik Trip store. We would like to add to their shopping convenience by having wine and liquor products available to them as well.

Please contact me if you require anything further at 608/793-6262 or DHafner@kwiktrip.com. Thank you for your assistance with this matter, you have been very helpful.

Yours truly,

Deanna Hafner
Licensing Agent

Enclosures

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: 10/06/2020 ending: 06/30/2021
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: Town of }
 Village of } NORTH HUDSON
 City of }

County of SAINT CROIX Aldermanic Dist. No. _____
 (if required by ordinance)

Check one: Individual Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Applicant's Wisconsin Seller's Permit Number 45600028731403	
FEIN Number 39-1036365	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input checked="" type="checkbox"/> Class A liquor	\$ 375.02
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 5.00
TOTAL FEE	\$ 380.02

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)
KWIK TRIP, INC., 1626 OAK ST, PO BOX 2107, LA CROSSE, WI 54602

An "Auxiliary Questionnaire," Form AT-103, must be completed and attached to this application by each individual applicant, by each member of a partnership, and by each officer, director and agent of a corporation or nonprofit organization, and by each member/manager and agent of a limited liability company. List the full name and place of residence of each person.

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
ZIETLOW	DONALD	PAUL	2802 BERGAMOT PL, ONALASKA, WI 54650
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
WROBEL	JEFFREY	JAMES	3633 BENTWOOD PL, LA CROSSE, WI 54601
Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
LENZEN	BENJAMIN	JAMES	1644 87TH AVE, HAMMOND, WI 54015
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
ZIETLOW	DONALD	PAUL	2802 BERGAMOT PL, ONALASKA, WI 54650

1. Trade Name KWIK TRIP Business Phone Number 715-381-9550

2. Address of Premises 740 6TH ST. N. Post Office & Zip Code NORTH HUDSON 54016

3. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)

ONE-STORY FRAME CONSTRUCTION WITH STORAGE IN LOCKABLE WALK-IN COOLER, ON SALES FLOOR AND BEHIND SALES COUNTER.

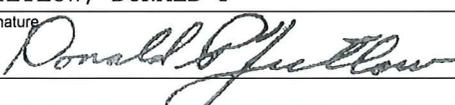
4. Legal description (omit if street address is given above): _____

5. (a) Was this premises licensed for the sale of liquor or beer during the past license year? Yes No

(b) If yes, under what name was license issued? KWIK TRIP 935 - BEER/CIDER LICENSE

6. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? **If yes, explain** Yes No
7. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? Yes No **If yes, explain.**
8. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? **If yes, explain** Yes No
9. (a) **Corporate/limited liability company applicants only:** Insert state WISCONSIN and date 10/07/64 of registration.
- (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? **If yes, explain** Yes No
- (c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? Yes No **If yes, explain.**
KWIK TRIP, INC. HAS MULTIPLE RETAIL STORES WITH ALCOHOL LICENSES IN WISCONSIN DOING BUSINESS AS KWIK TRIP, TOBACCO OUTLET PLUS AND TOBACCO OUTLET PLUS GROCERY.
10. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [phone 1-877-882-3277] Yes No
11. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] Yes No
12. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000. Signer agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants, or one member of a partnership applicant must sign; one corporate officer, one member/manager of Limited Liability Companies must sign.) Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

Contact Person's Name (Last, First, M.I.) <u>ZIETLOW, DONALD P</u>	Title/Member <u>PRESIDENT</u>	Date <u>9-17-20</u>
Signature 	Phone Number <u>608-793-6262</u>	Email Address <u>DHAFNER@KWIKTRIP.COM</u>

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>9/18/2020</u>	Date reported to council / board <u>10/16/2020</u>	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	



WISCONSIN DEPARTMENT OF REVENUE
PO BOX 8902
MADISON, WI 53708-8902

Contact Information:

2135 RIMROCK RD PO BOX 8902
MADISON, WI 53708-8902
ph: 608-266-2776 fax: 608-264-6884
email: DORBusinessTax@wisconsin.gov
website: revenue.wi.gov

Letter ID L1722392976

ATTN DEANNA HAFNER
KWIK TRIP, INC.
PO BOX 2107
LA CROSSE WI 54602-2107

Wisconsin Department of Revenue Seller's Permit

Legal/real name: KWIK TRIP, INC.
Business name: KWIK TRIP 935
740 6TH ST N
NORTH HUDSON WI 54016-1043

- This certificate confirms you are registered with the Wisconsin Department of Revenue and authorized in the business of selling tangible personal property and taxable services.
- You may not transfer this permit.
- This permit must be displayed at the place of business and is not valid at any other location.
- If your business is not operated from a fixed location, you must carry or display this permit at all events.

Tax Type	Account Type	Account Number
Sales & Use Tax	Seller's Permit	456-0000287614-03

NO. 03-20A

COPY

CLASS "A" RETAILERS' LICENSE

for the sale of
FERMENTED MALT BEVERAGES

\$ 25.00

ONLY FOR CONSUMPTION AWAY FROM THE
PREMISES WHERE SOLD

WHEREAS, the local governing body of the Village of North Hudson, County of St Croix, Wisconsin, has, upon application duly made, granted and authorized the issuance of a Retail Class "A" License to

Kwik Trip, Inc. - Benjamin Lenzen-Agent

to sell Fermented Malt Beverages as defined by law, pursuant to Section 125.25(1), (2), (3) and (4) of the Statutes of the State of Wisconsin, and local ordinances.

AND WHEREAS, the said applicant has paid to the treasurer the sum of \$25.00 for such Class "A" Retailer's Fermented Malt Beverage License as provided by local ordinances, and has complied with all the requirements necessary for obtaining such license;

LICENSE IS HEREBY ISSUED to said applicant to sell, deal and traffic in, at retail, Fermented Malt Beverages at the following described premises:

Kwik Trip 935-740 6th Street N. Hudson, WI- One-story frame construction with storage in walk-in cooler and on sales floor.

FOR THE PERIOD from **July 1, 2020 to June 30, 2021.**

Given under my hand and the corporate seal of the
Village of North Hudson, County of St. Croix,
State of Wisconsin, this 3rd day of June, 2020.

Melva Medke

Village Clerk

This License must be FRAMED and POSTED in a conspicuous place in the room where Fermented Malt Beverages are sold.

**Kwik
TRIP**

**Kwik
STAR**

KWIK TRIP, Inc.
105 GARDEN STREET
LA CROSSE, WI 54601-1107
PH: (608) 784-8848
FAX: (608) 781-8888

PRODUCT LAYOUT
CONVENIENCE STORE #935
WITH XXXXXX
740 6TH ST N
NORTH HUDSON, WI

935

