



City Of Verona

**PUBLIC SAFETY AND WELFARE COMMITTEE**  
**MONDAY, JUNE 22, 2020 AT 5:30 P.M.**  
**AGENDA**

Due to the COVID-19 pandemic, the Verona Public Safety and Welfare Committee will hold its meeting as a virtual meeting. The Public Safety and Welfare Committee will not meet at City Hall, 111 Lincoln Street. Members of the Public Safety and Welfare Committee and Staff will join the meeting by using Zoom Webinar, as described immediately below.

Members of the public can join the meeting using Zoom Webinar via a computer, tablet, or smartphone, or by calling into the meeting using phones, as described immediately below. Those requiring toll-free options are asked to contact City Hall for details prior to the meeting at [adam.sayre@ci.verona.wi.us](mailto:adam.sayre@ci.verona.wi.us) or 608-848-9941.

**Join the meeting via computer, tablet, or smart phone:**

<https://zoom.us/j/94768049910>

Webinar ID: 947 6804 9910

**Join the meeting via phone by dialing:**

312-626-6799

Webinar ID: 947 6804 9910

The online meeting agenda and all support materials can be found at <https://www.ci.verona.wi.us/>. In addition to the public, all Committee members and Staff will also be participating remotely. Anyone with questions prior to the meeting may contact the City at (608) 848-9941 or [adam.sayre@ci.verona.wi.us](mailto:adam.sayre@ci.verona.wi.us).

1. Call to order
2. Roll Call
3. Approval of Minutes from the June 8, 2020 Public Safety and Welfare Committee meeting
4. Discussion and Possible Action Re: An application for a Class "B" Fermented Malt Beverages license from Hop Haus Brewing Company, 231 S. Main Street, Verona, WI 53593, Philipp Hoechst, Agent
5. Discussion and Possible Action Re: An application for a Combination Class "A" Fermented Malt Beverages and "Class A" Intoxicating Liquor license for Kwik Trip, Inc., d/b/a Kwik Trip #1075, 233 Wildcat Way, Verona, WI 53593, Juan Alfonso Primo, Agent
6. Discussion and Possible Action Re: An application for a Cigarette and Tobacco Products Retail License for Kwik Trip, Inc., d/b/a Kwik Trip #1075, 233 Wildcat Way, Verona, WI 53593

7. Discussion and Possible Action Re: A temporary premises description amendment for Tavern and Bar, LLC d/b/a Cahoots, 102 W. Railroad Street, Verona, WI 53593
8. Discussion and Possible Action Re: A temporary premises description amendment for LBO, Inc., d/b/a 5<sup>th</sup> Quarter, 161 Horizon Drive, #110, Verona, WI 53593
9. Adjournment

Heather Reekie, Chairperson

POSTED:       Verona City Hall  
                  Miller & Sons Market  
                  City Web Page at: [www.ci.verona.wi.us](http://www.ci.verona.wi.us)

IF YOU NEED AN INTERPRETER, MATERIALS IN ALTERNATIVE FORMATS OR OTHER ACCOMODATION TO ACCESS THE MEETING, PLEASE CONTACT THE CITY CLERK AT 608-845-6495 AT LEAST 48 HOURS PRECEDING THE MEETING. EVERY REASONABLE EFFORT WILL BE MADE TO ACCOMMODATE YOUR REQUEST.

**CITY OF VERONA  
PUBLIC SAFETY AND WELFARE COMMITTEE  
JUNE 8, 2020  
VERONA CITY HALL  
MINUTES**

1. Call to order: Heather Reekie called the meeting to order at 6:00 p.m.
2. Roll Call: Heather Reekie, Katie Kohl and Evan Touchett were present. Also present: City Administrator Adam Sayre, Police Chief Bernie Coughlin and City Clerk Ellen Clark.
3. Approval of Minutes: Motion by Kohl, seconded by Touchett, to approve the minutes from the May 26, 2020 Public Safety and Welfare Committee meeting. Motion carried 3-0.
4. Discussion and Possible Action Re: An application for a combination Reserve "Class B" Intoxicating Liquor and Class "B" Fermented Malt Beverages license from Mr. Brews Taphouse Verona, LLC, d/b/a Mr. Brews Taphouse, 611 Hometown Circle, Suite 104, Verona, WI 53593, Ryan Swanson, Agent. Mr. Brews Taphouse, LLC currently carries Class "B" Fermented Malt Beverage and Class "C" Wine licenses. If this application is approved, the Class "C" Wine license will be replaced by a "Class B" Intoxicating Liquor license, which will allow for the service of any intoxicating liquor, versus wine only. The current licenses will be surrendered to the City before the new licenses will be issued.

Motion by Reekie, seconded by Touchett, to recommend to the Common Council to approve a combination Reserve "Class B" Intoxicating Liquor and Class "B" Fermented Malt Beverages license for Mr. Brews Taphouse Verona, LLC, d/b/a Mr. Brews Taphouse, 611 Hometown Circle, Suite 104, Verona, WI 53593, Ryan Swanson, Agent. Motion carried 3-0.

5. Discussion and Possible Action Re: A temporary premises description amendment for the liquor license of Toot & Kate's LLC, d/b/a Toot & Kate's Wine Bar, 109 S. Main Street, to include the front stoop area. Toot & Kate's LLC has applied for a temporary premises description amendment to include the business's front stoop area. This will allow them to serve more customers, while adhering to required social distancing guidelines.

Coughlin stated the business owners are requesting one table on the right and two tables on the left side of the entrance to 109 S. Main Street, as well as a table on each side of the front step on the sidewalk. In most cases we would require a gate and signage indicating where alcohol consumption is permissible. In this case, signage is not necessary. The first two tables would be on the right and the left of the entrance to the business. They are also requesting a third table to the north in front of the window or 107 S. Main Street. The owner of 107 S. Main Street provided permission for them to place a table there. The issue is that the service of alcohol must be viewed and monitored. This area cannot be seen from inside the wine bar. If the bartender would have to be diligent watching the table. Just north of that table, there should be some separation so people cannot enter from the 107 S. Main business or stoop. Two tables are also being requested below the stoop. If these tables are placed in the terrace, they will be right next to the street. If they are placed on the sidewalk, the sidewalk will be obstructed, forcing walkers to walk in the terrace. He does not recommend approval of the third table to the north on the stoop, or the tables on the sidewalk, though the third table on the stoop is possible, with modifications.

Touchett stated he is not in favor of tables on the sidewalk. He would be in favor of three tables on the stoop.

Coughlin replied the two or three tables on the stoop are a reasonable compromise. In addition, traffic noise gets sandwiched between the buildings, and makes it hard to have a conversation. We do want to work with them as much as possible, considering the COVID situation.

Kohl asked if they could have some tables on the sidewalk later in the day when there is less traffic.

Coughlin replied we need to be fair and consistent, with some guidelines that can be utilized for all businesses asking for premises amendments. If people are forced to walk on the terrace, there could be problems.

Kohl stated you could not get around there with a stroller or a wheelchair.

Reekie asked if they could use the alley to the south of the building.

Sayre replied the owner of the alley will not allow it.

Touchett does not think the sidewalk should be blocked in any way. He would like to use the stoop area, and allow three tables.

Kohl stated forcing people to walk on the terrace is not ADA compliant, and the terrace is very close to the road.

Touchett asked Coughlin if he would be comfortable with four tables on the stoop.

Coughlin replied it would be preferable to using the sidewalk and the terrace. The challenge it creates is you would have a table north of the 107 S. Main business door, and the bartender cannot view that area for service, so they will not know who is consuming alcohol at that spot. Perhaps that could be done for a limited time only.

Touchett would like to give them until October 1<sup>st</sup>, as was used for the Hop Haus. This is probably not an avenue for underage people to obtain drinks.

Kohl stated the clientele there would be unlikely to be passing drinks to underage people. She would like to see four tables on the stoop until October 1<sup>st</sup>.

Motion by Touchett, seconded by Kohl, to recommend to the Common Council to approve a temporary premises description amendment for the liquor license of Toot & Kate's LLC, 109 S. Main Street, to include the front stoop area only, with four tables for seating, restricted to 107 and 109 S. Main Street, until October 1, 2020. Motion carried 3-0.

6. Discussion and Possible Action Re: An amplification permit application from Hop Haus Brewing Company, LLC, 231 S. Main Street. Hop Haus Brewing Company, LLC is requesting an amplification permit to allow live music in the parking lot area of their premises, from 6 p.m. – 9 p.m. They anticipate this will take place two nights per week.

Coughlin has no concerns with the request.

Sara Hoechst asked permission to move the bands from the north side of the parking lot to the south side of the lot.

There were no concerns with her request.

Hoechst stated there will probably be bands only one night a week, as well as trivia on Tuesdays from 7-9 p.m.

Motion by Kohl, seconded by Touchett, to approve an amplification permit application from Hop Haus Brewing Company, LLC, 231 S. Main Street. Motion carried 3-0.

7. Discussion and Possible Action Re: Approval of alcohol license applications for the 2020-2021 licensing period. Thirty-two applications for 2020-2021 retail alcohol license renewals were received by the City Clerk. Premises inspections by the building inspection and fire departments are ongoing, as they were delayed by COVID-19 restrictions. Approval of the applications will be contingent upon completion of building and fire inspections. A list of applicants is included in the Committee packet. Of those, the following has an unpaid invoice from the City for Police Department special event services in 2019:

- n+1 Coffee and Beer Bar, 507 Bruce Street

The alcohol license application for this applicant cannot be approved until the delinquent invoice has been paid in full. Motion by Reekie, seconded by Touchett, to recommend to the Common Council to approve alcohol license applications for the 2020-2021 licensing period, as presented by the City Clerk, contingent upon completion of building and fire inspections, and with the exception of n+1 Coffee and Beer Bar, 507 Bruce Street. Motion carried 3-0.

Motion by Reekie, seconded by Touchett, to recommend to the Common Council to approve the alcohol license for n+1 Coffee and Beer Bar, 507 Bruce Street, contingent upon completion of building and fire inspections, and payment in full of unpaid invoices to the City. Motion carried 3-0.

8. Discussion and Possible Action Re: Approval of cigarette and tobacco products retail license applications for the 2020-2021 licensing period. Eight applications for 2020-2021 cigarette and tobacco products retail licenses were received by the City Clerk. The list of applicants is included in the Committee packet. Motion by Reekie, seconded by Kohl, to recommend to the Common Council to approve cigarette and tobacco products retail license applications for the 2020-2021 licensing period as presented by the City Clerk. Motion carried 3-0.

9. Discussion and Possible Action Re: Speed limit on Locust Drive.

In February, 2020 Mayor Diaz and Common Council members received an email from some residents of Scenic Ridge and Cathedral Point regarding the speed limit on Locust Drive in those neighborhoods; particularly the intersections at Scenic Ridge Drive and Locust Drive, and Prairie Heights Drive and Locust Drive. They requested that the speed limit be lowered from 35 mph to 25 mph along this stretch of Locust Drive, as they believe drivers are exceeding the 35 mph speed limit, causing a safety issue. In response, Staff conducted a traffic study using a speed trailer on Locust Drive south of Highway 18/151 in May, 2020. Staff will share the study with the Committee and provide a recommendation.

Chief Coughlin explained the data does not support a change in the speed limit in this area. Traffic studies were conducted from May 8<sup>th</sup> – May 12<sup>th</sup>. One was done with the display on, and another with the display off. The timing of the studies may not be ideal because of the pandemic. During this time frame, with the display on, 4,600 vehicles were monitored. Of those, 85% were traveling below 32 mph. Eight were traveling at speeds over 55 mph. These results are well within the range of tolerance. 5,200 vehicles were monitored with the display off. Of those, speed went down by one mile per hour, and only one drove over 55 mph. These numbers do not support a reduction in the speed limit, but that is the committee's decision to make. In addition, the stretch of Locust south of Main Street and as far south of the bridge is more commercial, and a wider road. That section supports a 35 mph speed limit. In the residential area where the complaint was received, the road is narrower, and there is more pedestrian traffic. It can be difficult to cross from east to west.

Nicole Osten joined the meeting. She agrees the timing of the study may be a factor, as she is seeing fewer cars. The neighborhood would like to see the limit lowered. A rapid

rectangular flashing beacon may be a good solution, as well. She asked what the speed limit is on Cross Country Road.

Coughlin replied Cross Country is the only 30 mph exception in the City. That was arrived at years ago. There have been no increased accident rates or safety issues because of the speed limit there. All other residential areas are 25 mph. Locust had always been seen as an extension of other roads; it is wider, and is in more of a commercial or industrial area. With the development of Scenic Ridge and Cathedral Point, reducing the speed limit is becoming more justified. If the Committee is considering reducing the speed limit, it should be reduced for the length of Locust from S. Main Street, south to the City limits to keep it consistent.

Motion by Reekie, seconded by Kohl, to table this item until more information is available or another speed study can be done. Motion 3-0

10. Adjournment: Motion by Reekie, seconded by Kohl, to adjourn at 7:00 p.m. Motion carried 3-0.

Ellen Clark, City Clerk

Click mouse in 1 of the license period beginning field to begin and tab throughout. Use mouse to check appropriate boxes, spacebar or enter.

Save Print Clear

# Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: 7/1/2020 ending: 6/30/2021  
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the:  Town of } Verona  
 Village of }  
 City of }

County of Dane Aldermanic Dist. No. \_\_\_\_\_  
(if required by ordinance)

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

Applicant's Wisconsin Seller's Permit Number <b>456-1028526614-02</b>	
FEIN Number <b>47-1889590</b>	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input type="checkbox"/> Class B beer	\$ <u>100</u>
<input checked="" type="checkbox"/> Class C wine	\$ <u>100</u>
<input type="checkbox"/> Class A liquor	\$
<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	\$
<input type="checkbox"/> Cigarette & Tobacco	
CIB fee	<u>14.00</u>
Publication fee	\$ <u>17.50</u>
<b>TOTAL FEE</b>	<b>\$ <u>231.50</u></b>

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)  
**Hop Haus Brewing Company, LLC.**

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 <b>Hoechst</b>	(First) <b>Philipp</b>	(Middle Name) <b>Simon</b>	Home Address (Street, City or Post Office, & Zip Code) <b>1105 Tamarack Way, Verona, WI 53593</b>
Vice President / Member Last Name <b>Hoechst</b>	(First) <b>Sara</b>	(Middle Name) <b>Greene</b>	Home Address (Street, City or Post Office, & Zip Code) <b>1105 Tamarack Way, Verona, WI 53593</b>
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)
Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name Hop Haus Brewing Company Business Phone Number 608-497-3165  
 2. Address of Premises 231 S. Main Street, Verona Post Office & Zip Code 53593

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.)  
2400 sq foot total space. Seating/bar area approx 1200 square feet, outdoor patien 250 square feet  
Beer is stored in out large walk-in cooler in the brewery. Beer that is currently being served is in th  
walk-in cooler in the kitchen area.

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? Hop Haus Brewing Company, LLC.

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  
**The agent (Philipp Hoechs) already completed this course.**
- 
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 WI and date 4/2014 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**  
**Hop Haus Brewing Company is applying for a class B license with t**
- 
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.) <b>Hoechst, Philipp S.</b>	Title/Member <b>Owner/Member</b>	Date <b>5/22/2020</b>
Signature 	Phone Number <b>608-720-8858</b>	Email Address <b>phil@hophausbrewing.c</b>

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk	Date reported to council / board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

**SCHEDULE FOR APPOINTMENT OF AGENT BY CORPORATION/NONPROFIT ORGANIZATION OR LIMITED LIABILITY COMPANY**

Submit to municipal clerk.

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by the officer(s) of the corporation/organization or members/managers of a limited liability company and the recommendation made by the proper local official.

To the governing body of:  Town  Village of Verona County of Dane  
 City

The undersigned duly authorized officer(s)/members/managers of Hop Haus Brewing Company, LLC  
(registered name of corporation/organization or limited liability company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as Hop Haus Brewing Company

located at 231 S. Main Street, Verona, WI 53593  
(trade name)

appoints Philipp S. Hoechst  
(name of appointed agent)  
1105 Tamarack Way, Verona, WI 53593  
(home address of appointed agent)

to act for the corporation/organization/limited liability company with full authority and control of the premises and of all business relative to alcohol beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation/organization/limited liability company having or applying for a beer and/or liquor license for any other location in Wisconsin?

Yes  No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).

Is applicant agent subject to completion of the responsible beverage server training course?  Yes  No

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 7.5 years

Place of residence last year 1105 Tamarack Way, Verona, WI 53593

For: Hop Haus Brewing Company  
(name of corporation/organization/limited liability company)

By:   
(signature of Officer/Member/Manager)

And:   
(signature of Officer/Member/Manager)

**ACCEPTANCE BY AGENT**

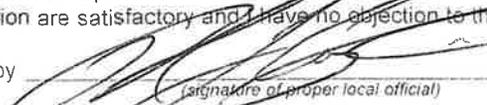
I, Philipp S. Hoechst, hereby accept this appointment as agent for the  
(print/type agent's name)

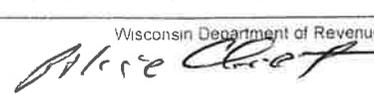
corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company.

 4/20/20 Agent's age 39  
(signature of agent) (date)  
1105 Tamarack Way, Verona, WI 53593 Date of birth 3/10/1981  
(home address of agent)

**APPROVAL OF AGENT BY MUNICIPAL AUTHORITY  
 (Clerk cannot sign on behalf of Municipal Official)**

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, the character, record and reputation are satisfactory and I have no objection to the agent appointed.

Approved on 04/27/20 by  Title Police Chief  
(date) (signature of proper local official) (town chair village president, police chief)

AT-104 (R 4-09) 05/26/20  Wisconsin Department of Revenue  


# Auxiliary Questionnaire Alcohol Beverage License Application

*Submit to municipal clerk.*

**RECEIVED**  
**MAY 26 2020**  
**VERONA POLICE DEPT.**

Individual's Full Name <i>(please print)</i> <i>(last name)</i> <b>Hoechst</b>		<i>(first name)</i> <b>Philipp</b>		<i>(middle name)</i> <b>Simon</b>	
Home Address <i>(street/route)</i> <b>1105 Tamarack Way</b>		Post Office	City <b>Verona</b>	State <b>WI</b>	Zip Code <b>53593</b>
Home Phone Number <b>608-720-8858</b>		Age <b>39</b>	Date of Birth <b>3/10/1981</b>	Place of Birth <b>Madison, WI</b>	

The *above named individual* provides the following information as a person who is *(check one)*:

- Applying for an alcohol beverage license as an **individual**.
- A member of a **partnership** which is making application for an alcohol beverage license.
- Member** of **Hop Haus Brewing Company, LLC.**  
*(Officer / Director / Member / Manager / Agent)* *(Name of Corporation, Limited Liability Company or Nonprofit Organization)*

which is making application for an alcohol beverage license.

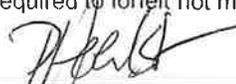
The *above named individual* provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? 7.5 yrs
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality?  Yes  No  
If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. *(If more room is needed, continue on reverse side of this form.)*
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality?  Yes  No  
If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit?  Yes  No  
If yes, identify. Hop Haus Brewing Company, LLC. class C (Wine)  
*(Name, Location and Type of License/Permit)*
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin?  Yes  No  
If yes, identify. Hop Haus Brewing Company, LLC 231 S. Main Street, Verona, WI  
*(Name of Wholesale Licensee or Permittee)* *(Address By City and County)*

6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
WI Dept of Correction	3099 E. Washington Ave, Mad	9/2012	3/2020
Concentra Health	829 Blake Street, Denver, C	1/2010	8/2012

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

  
*(Signature of Named Individual)*

# Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

RECEIVED

MAY 26 2020

VERONA POLICE DEPT.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Hoechst		Sara		Greene	
Home Address (street/route)		Post Office	City	State	Zip Code
1105 Tamarack Way			Verona	WI	53593
Home Phone Number			Age	Date of Birth	Place of Birth
608-215-5130			39	12/8/1980	Madison, WI

The above named individual provides the following information as a person who is (check one):

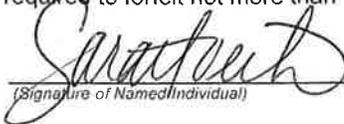
- Applying for an alcohol beverage license as an **individual**.
- A member of a **partnership** which is making application for an alcohol beverage license.
- Member** of **Hop Haus Brewing Company, LLC.**  
(Officer / Director / Member / Manager / Agent) of (Name of Corporation, Limited Liability Company or Nonprofit Organization)
- which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

1. How long have you continuously resided in Wisconsin prior to this date? 7.5 yrs
2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality?  Yes  No  
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality?  Yes  No  
 If yes, describe status of charges pending.
4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit?  Yes  No  
 If yes, identify. Hop Haus Brewing Company, LLC. class C (Wine)  
(Name, Location and Type of License/Permit)
5. Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin?  Yes  No  
 If yes, identify. Hop Haus Brewing Company, LLC 231 S. Main Street, Verona, WI  
(Name of Wholesale Licensee or Permittee) (Address By City and County)
6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
Tipsy Cow	102 Main St., Madison, WI	9/2012	11/2015
Employer's Name	Employer's Address	Employed From	To
Moody Insurance	8055 E. Tufts Ave, Denver,	2/2010	8/2012

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

  
(Signature of Named Individual)

# Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

MUNICIPAL USE ONLY

License Number
Period Covered
Date of Issuance

Applicant's Wisconsin 15-digit Sales Tax Account Number 456-0000287614-03
--

← This must be issued in the same Legal Name of the licensee below.

Legal Name (corporation, limited liability company, partnership or sole proprietorship) KWIK TRIP, INC.			Federal Employer Identification No. (FEIN) 39-1036365		
Trade or Business Name (if different than Legal Name) KWIK TRIP 1075			Telephone Number (608) 793-6262		
Business Address (License Location) 233 WILDCAT WAY			Business Located In <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town		
Municipality VERONA	State WI	Zip Code 53593	of: VERONA		
Mailing Address (if different than Business Address) PO BOX 2107			Municipality LA CROSSE	State WI	Zip Code 54602

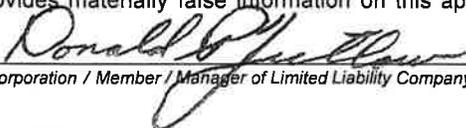
Organization (check one)

- Sole Proprietor       Wisconsin Corporation – Enter date incorporated: 10/07/1964
- Partnership       Out-of-State Corporation – Are you registered to do business in Wisconsin?     Yes     No
- Other (describe) \_\_\_\_\_

- Yes     No    1. Does the applicant understand that they must purchase cigarettes and tobacco products only from distributors, jobbers, or subjobbers, who hold a permit with the Wisconsin Department of Revenue?
- Yes     No    2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-266-6701. See application form CTP-129, [revenue.wi.gov/dorforms/ctp-129.pdf](http://revenue.wi.gov/dorforms/ctp-129.pdf).)
- Yes     No    3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
- Yes     No    4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (<https://witobaccocheck.org>)
- Yes     No    5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?
- Yes     No    6. Does the applicant understand that they may not sell single cigarettes?
- Yes     No    7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
- Yes     No    8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at [www.doj.state.wi.us/dls/tobacco-directory](http://www.doj.state.wi.us/dls/tobacco-directory) may be sold in Wisconsin?

Cigarettes / Tobacco will be sold     over counter     through vending machine     both

**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 applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another. 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. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

  
(Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)

### Applicable Laws and Rules

This document provides statements or interpretations of the following laws and regulations in effect as of September 19, 2019: Sections 134.65, 134.66, 139.321, 139.79, 139.76, 995.10, and 995.12, Wis. Stats.

# Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: 07/27/2020 ending: 06/30/2021  
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the:  Town of } VERONA  
 Village of }  
 City of }

County of DANE Aldermanic Dist. No. \_\_\_\_\_  
 (if required by ordinance)

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

Applicant's Wisconsin Seller's Permit Number 456000028761403	
FEIN Number 39-1036365	
TYPE OF LICENSE REQUESTED	FEE
<input checked="" type="checkbox"/> Class A beer	\$
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input checked="" type="checkbox"/> Class A liquor	\$
<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	\$
<b>TOTAL FEE</b>	<b>\$</b>

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., ONALASKA, WI 54650
Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
ALFONSO PRIMO	JUAN	DE DEIOS	9406 ANCIENT OAK LN., VERONA, WI 53593
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 1075 Business Phone Number \_\_\_\_\_

2. Address of Premises 233 WILDCAT WAY Post Office & Zip Code VERONA 53593

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, 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? \_\_\_\_\_

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? **If yes, explain.**  Yes  No  
KWIK TRIP, INC. HAS MULTIPLE RETAIL STORES 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.) Zietlow, Donald P.	Title/Member President	Date 5-22-20
Signature 	Phone Number 608-793-6262	Email Address DHafner@kwiktrip.com

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk	Date reported to council / board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

# Schedule for Appointment of Agent by Corporation / Nonprofit Organization or Limited Liability Company

Submit to municipal clerk.

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by an officer of the corporation/organization or one member/manager of a limited liability company and the recommendation made by the proper local official.

To the governing body of:  Town  
 Village of Verona County of Dane  
 City

The undersigned duly authorized officer/member/manager of KWIK TRIP, INC.  
(Registered Name of Corporation / Organization or Limited Liability Company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as  
Kwik Trip 1075  
(Trade Name)

located at 233 Wildcat Way, Verona, WI 53593

appoints Juan Alfonso Primo  
(Name of Appointed Agent)

9406 Ancient Oak Ln., Verona, WI 53593  
(Home Address of Appointed Agent)

to act for the corporation/organization/limited liability company with full authority and control of the premises and of all business relative to alcohol beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation/organization/limited liability company having or applying for a beer and/or liquor license for any other location in Wisconsin?

Yes  No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).

Is applicant agent subject to completion of the responsible beverage server training course?  Yes  No

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? Since June 2007

Place of residence last year 901 Saybrook Rd, Madison, WI

For: KWIK TRIP, INC.  
(Name of Corporation / Organization / Limited Liability Company)

By:   
(Signature of Officer / Member / Manager)

Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than \$1,000.

## ACCEPTANCE BY AGENT

I, Juan Alfonso Primo, hereby accept this appointment as agent for the  
(Print / Type Agent's Name)

corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company.

5/17/2020 Agent's age 39  
(Signature of Agent) (Date)

9406 Ancient Oak Ln., Verona, WI 53593 Date of birth 6/30/1980  
(Home Address of Agent)

## APPROVAL OF AGENT BY MUNICIPAL AUTHORITY (Clerk cannot sign on behalf of Municipal Official)

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, the character, record and reputation are satisfactory and I have no objection to the agent appointed.

Approved on \_\_\_\_\_ by \_\_\_\_\_ Title \_\_\_\_\_  
(Date) (Signature of Proper Local Official) (Town Chair, Village President, Police Chief)

# Auxiliary Questionnaire Alcohol Beverage License Application

*Submit to municipal clerk.*

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Zietlow		Donald		Paul	
Home Address (street/route)		Post Office	City	State	Zip Code
2802 Bergamot Pl.		Onalaska		WI	54650
Home Phone Number			Age	Date of Birth	Place of Birth
608-779-0469			85	12/4/1934	Chaseburg, WI

The above named individual provides the following information as a person who is (check one):

- Applying for an alcohol beverage license as an **individual**.
- A member of a **partnership** which is making application for an alcohol beverage license.
- President** of **Kwik Trip, Inc.**  
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)
- which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? All my life.
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality?  Yes  No  
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)  
 Please see reverse.
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality?  Yes  No  
 If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit?  Yes  No  
 If yes, identify. Officer of Kwik Trip, Inc. which holds multiple retail alcohol licenses  
in the State of Wisconsin. (Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin?  Yes  No  
 If yes, identify. \_\_\_\_\_  
(Name of Wholesale Licensee or Permittee) (Address By City and County)

6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
Kwik Trip, Inc.	1626 Oak St., La Crosse, WI 54603	9/1/1989	Present
Gateway Foods	La Crosse, WI	1963	1989

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

  
(Signature of Named Individual)  
 Donald P. Zietlow

# Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Wrobel		Jeffrey		James	
Home Address (street/route)		Post Office	City	State	Zip Code
3633 Bentwood Pl.		La Crosse		WI	54601
Home Phone Number		Age	Date of Birth	Place of Birth	
608-787-6596		59	7/16/1960	La Crosse, WI	

The above named individual provides the following information as a person who is (check one):

- Applying for an alcohol beverage license as an **individual**.
- A member of a **partnership** which is making application for an alcohol beverage license.

**Treasurer** of **Kwik Trip, Inc.**  
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

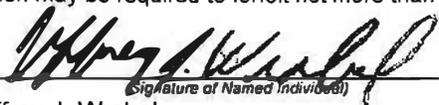
The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? All my life.
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality?  Yes  No  
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality?  Yes  No  
 If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit?  Yes  No  
 If yes, identify. Officer of Kwik Trip, Inc. which holds multiple retail alcohol licenses in the State of Wisconsin.  
(Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employee of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin?  Yes  No  
 If yes, identify. \_\_\_\_\_  
(Name of Wholesale Licensee or Permittee) (Address By City and County)

6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
Kwik Trip, Inc.	1626 Oak St., La Crosse, WI 54603	6/1/88	Present
Employer's Name	Employer's Address	Employed From	To
Rau Corporation	600 Sumner St., La Crosse, WI 54603	1983	1988

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

  
 \_\_\_\_\_  
(Signature of Named Individual)  
 Jeffrey J. Wrobel

# Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Alfonso Primo		Juan		de Dios	
Home Address (street/route)		Post Office	City	State	Zip Code
9406 Ancient Oak Ln.		Verona		WI	53593
Home Phone Number		Age	Date of Birth	Place of Birth	
608-669-7737		39	6/30/1980	<del>Jalapa, Mexico</del>	

City: Minatitlán  
State: Veracruz  
Country: Mexico

The above named individual provides the following information as a person who is (check one):

- Applying for an alcohol beverage license as an **individual**.
- A member of a **partnership** which is making application for an alcohol beverage license.

Agent \_\_\_\_\_ of Kwik Trip, Inc.  
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

1. How long have you continuously resided in Wisconsin prior to this date? \_\_\_\_\_ Since June 2007

2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality?  Yes  No  
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)

3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality?  Yes  No  
 If yes, describe status of charges pending.

4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit?  Yes  No  
 If yes, identify. \_\_\_\_\_  
(Name, Location and Type of License/Permit)

5. Do you hold and/or are you an officer, director, stockholder, agent or employee of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin?  Yes  No  
 If yes, identify. \_\_\_\_\_  
(Name of Wholesale Licensee or Permittee) (Address By City and County)

6. Named individual must list in chronological order last two employers.

Employer's Name UWHC	600 Highland Ave., Madison, WI 53792	Employed From 3/12	To 4/14
Employer's Name Kwik Trip, Inc.	1626 Oak St., La Crosse, WI 54603	Employed From 11/10	To 12/12

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

\_\_\_\_\_  
(Signature of Named Individual)  
 Juan D. Alfonso Primo



June 30, 2020

**City of Madison  
Class A Beer  
Class A Cider  
License No. LICLIA-2017-00825**



**KWIK TRIP INC  
KWIK TRIP 952  
LIQUOR/BEER AGENT: JUAN D ALFONSO PRIMO  
2538 FISH HATCHERY RD  
MADISON, WI 53713**

Expiration Date 06/30/2020  
Date Issued 10/05/2017

  
\_\_\_\_\_  
Mayor

  
\_\_\_\_\_  
City Clerk

PURSUANT TO SECTION 38 OF THE MADISON GENERAL ORDINANCES AND CHAPTER 125 OF THE WISCONSIN STATE STATUTES.

Premise: One-story frame construction with storage in coolers, on sales floor, behind sales counter, in storage room.

Common Council granted 10/3/2017 and approved revised conditions on 7/10/18 with the following conditions:

- 1. No sale of glass containers of single beer or fermented malt beverages.
- 2. Must be closed between the hours of 11:00 pm - 5:00 am.

Expiration Date 06/30/2020

**Not Transferable. Post entire license in a conspicuous place.**



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 L1624590864

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

## Wisconsin Department of Revenue Seller's Permit

<b>Legal/real name:</b>	KWIK TRIP, INC.
<b>Business name:</b>	KWIK TRIP 1075 233 WILDCAT WAY VERONA WI 53593-0000

- 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**

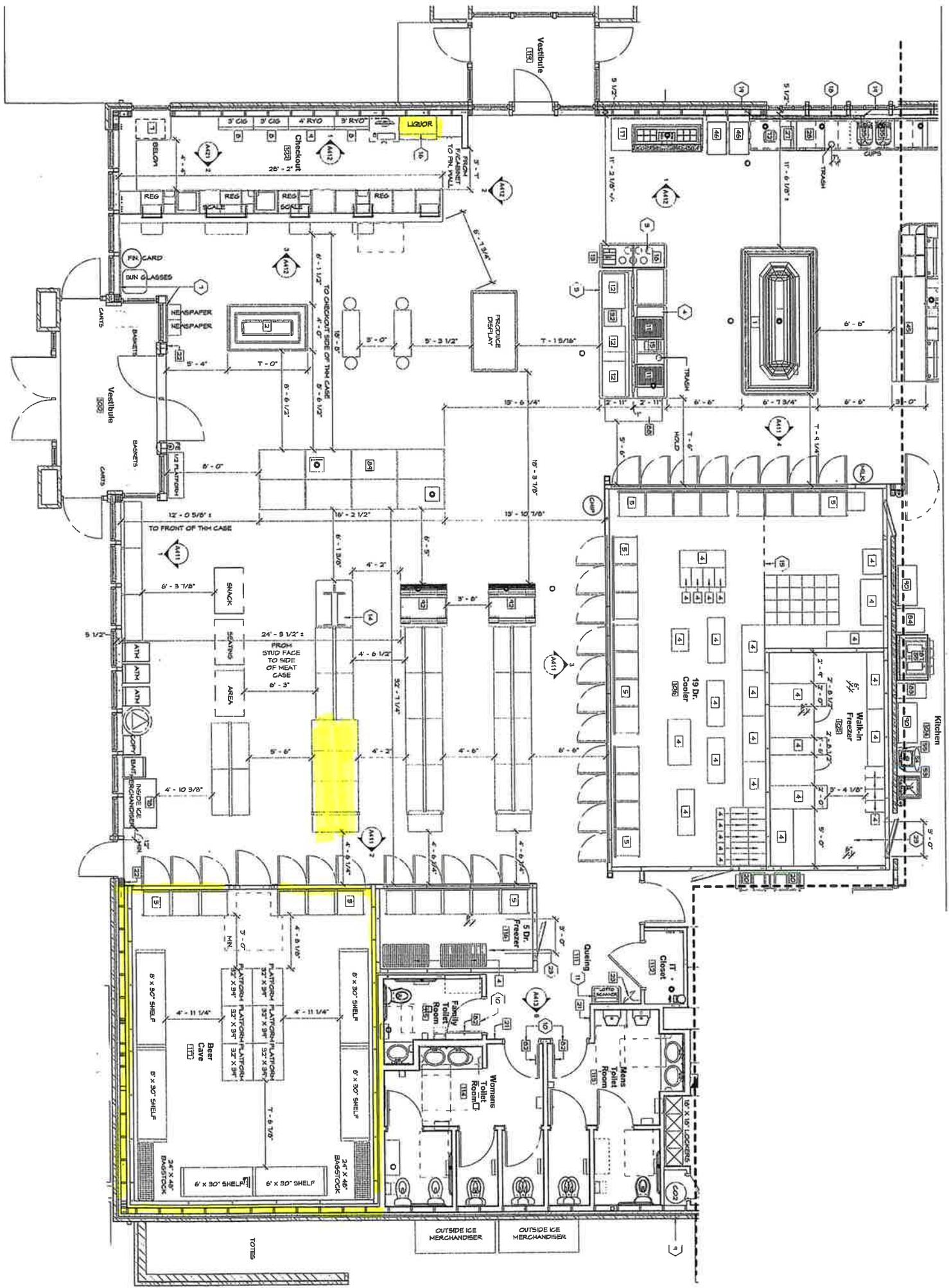
**Account Number**

Sales & Use Tax

Seller's Permit

456-0000287614-03

NORTH



### Liquor License Premises Amendment

Name of Establishment: Caboots

Address of Establishment: 102 W Rail Road st

Name of Agent: Kurt Jurawicz Address: 1505 Green Valley RD WA Hotels

Agent Phone Number: 608-279-1997 Establishment Phone Number: 497-1230

Premises Amendment Description:

Fencing off parking spots for  
out door space.

*\*Please attach a drawing or visual of the proposed premises amendment*

Months/Days New Premises are Open/Used:

From (Month): June 2020 To: (Month): ??

Time Premises Used A.M.: 12pm To: P.M.: 10pm (Restrictions Apply)

Check Here if Added Premises are Open/Used Year Round:

Signature of Agent: 

Date: 6/8/20

*Please Do Not Write Below This Area*  
**MUNICIPAL OFFICE USE ONLY**

CHIEF OF POLICE

Date Application Approved to Move Forward with Inspections: \_\_\_\_\_ Initials: \_\_\_\_\_

Notes for Building Inspection and Fire Inspection:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CITY OF VERONA

Recommendation of the Chief of Police Upon Completion of Inspections: **Approved / Denied**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**BUILDING INSPECTOR**

Date(s) of Inspection: \_\_\_\_\_ Initials: \_\_\_\_\_

List any adjustments that need to be made to the premises:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date Adjustments Inspected: \_\_\_\_\_ Initials: \_\_\_\_\_

Date Premise Inspection is *Approved*: \_\_\_\_\_ Signature: \_\_\_\_\_

**FIRE DEPARTMENT**

Date(s) of Inspection: \_\_\_\_\_ Initials: \_\_\_\_\_

List any adjustments that need to be made to the premises:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date Adjustments Inspected: \_\_\_\_\_ Initials: \_\_\_\_\_

Date Premise Inspection is *Approved*: \_\_\_\_\_ Signature: \_\_\_\_\_

**PLEASE RETURN THIS FORM TO THE CITY CLERK IN A TIMELY MANNER UPON  
COMPLETION OF INSPECTIONS**

**MUNICIPAL CLERK**

Date Application Received from Applicant: \_\_\_\_\_ Initials: \_\_\_\_\_

Date of Receipt upon Completion of Inspections: \_\_\_\_\_ Initials: \_\_\_\_\_

*Public Safety and Welfare Committee Review:* \_\_\_\_\_ *Common Council Review:* \_\_\_\_\_

**Approved / Denied** Date: \_\_\_\_\_

**Date Liquor License Premises Amendment Issued:** \_\_\_\_\_ **Liquor License No:** \_\_\_\_\_

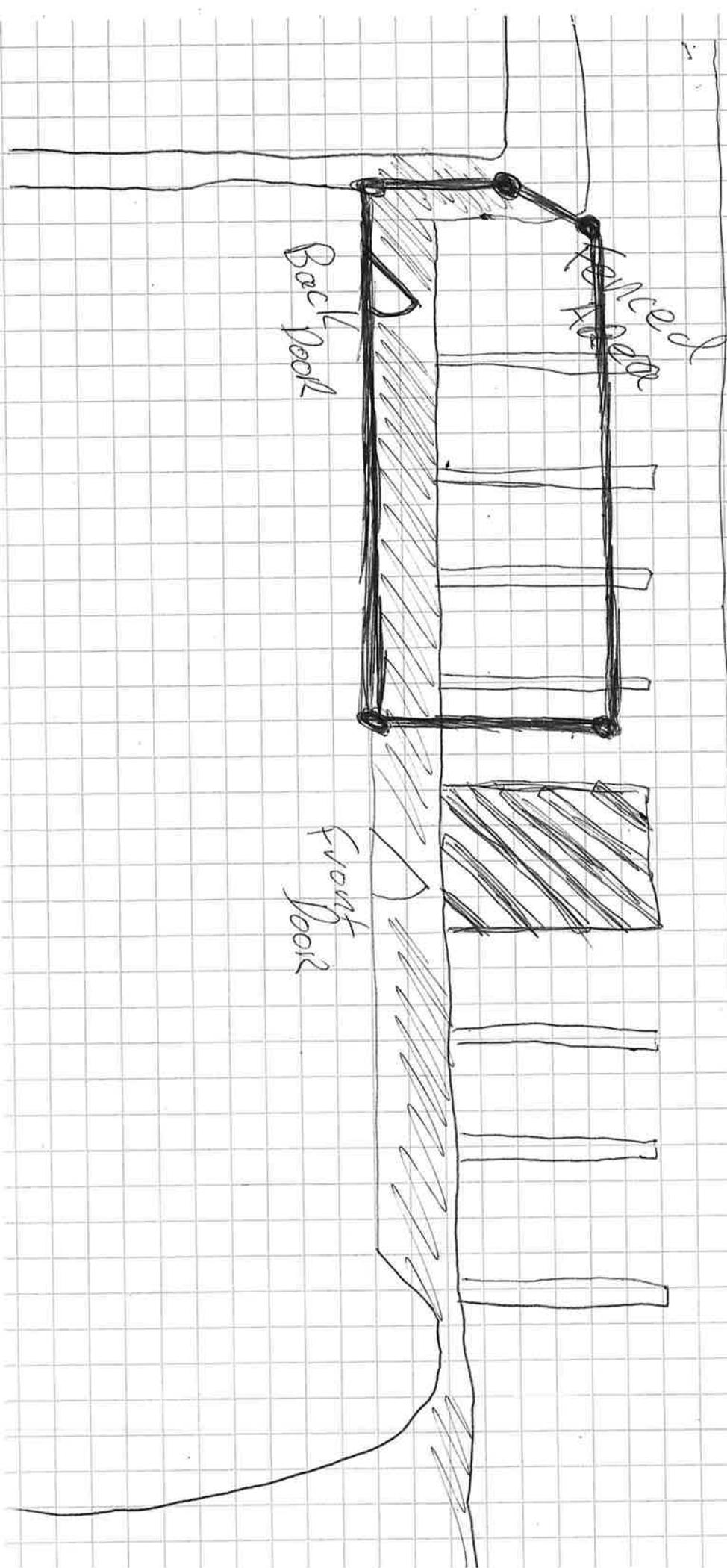
Municipal Clerk: \_\_\_\_\_

Road  
102 W Railroad St

Back Door

Window

Front Door



# Liquor License Premises Amendment

Name of Establishment: 5th Quarter

Address of Establishment: 161 Horizon Dr. #110

Name of Agent: Leann Butts Address: 412 W. Harriet St.

Agent Phone Number: 608-516-2671 Establishment Phone Number: 608-745-9690

Premises Amendment Description:

Extend Patio in to front Parking Lot

\_\_\_\_\_  
\_\_\_\_\_

*\*Please attach a drawing or visual of the proposed premises amendment*

Months/Days New Premises are Open/Used:

From (Month): July 1 To: (Month): July 20

Time Premises Used A.M.: 10:00 To: P.M.: 10:00 (Restrictions Apply)

Check Here if Added Premises are Open/Used Year Round:

Signature of Agent: Leann Butts

Date: 6/15/2020

*Please Do Not Write Below This Area*  
MUNICIPAL OFFICE USE ONLY

**CHIEF OF POLICE**

Date Application Approved to Move Forward with Inspections: \_\_\_\_\_ Initials: \_\_\_\_\_

Notes for Building Inspection and Fire Inspection:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CITY OF VERONA

Recommendation of the Chief of Police Upon Completion of Inspections: **Approved / Denied**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**BUILDING INSPECTOR**

Date(s) of Inspection: \_\_\_\_\_ Initials: \_\_\_\_\_

List any adjustments that need to be made to the premises:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date Adjustments Inspected: \_\_\_\_\_ Initials: \_\_\_\_\_

Date Premise Inspection is *Approved*: \_\_\_\_\_ Signature: \_\_\_\_\_

**FIRE DEPARTMENT**

Date(s) of Inspection: \_\_\_\_\_ Initials: \_\_\_\_\_

List any adjustments that need to be made to the premises:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date Adjustments Inspected: \_\_\_\_\_ Initials: \_\_\_\_\_

Date Premise Inspection is *Approved*: \_\_\_\_\_ Signature: \_\_\_\_\_

PLEASE RETURN THIS FORM TO THE **CITY CLERK** IN A TIMELY MANNER UPON  
COMPLETION OF INSPECTIONS

**MUNICIPAL CLERK**

Date Application Received from Applicant: \_\_\_\_\_ Initials: \_\_\_\_\_

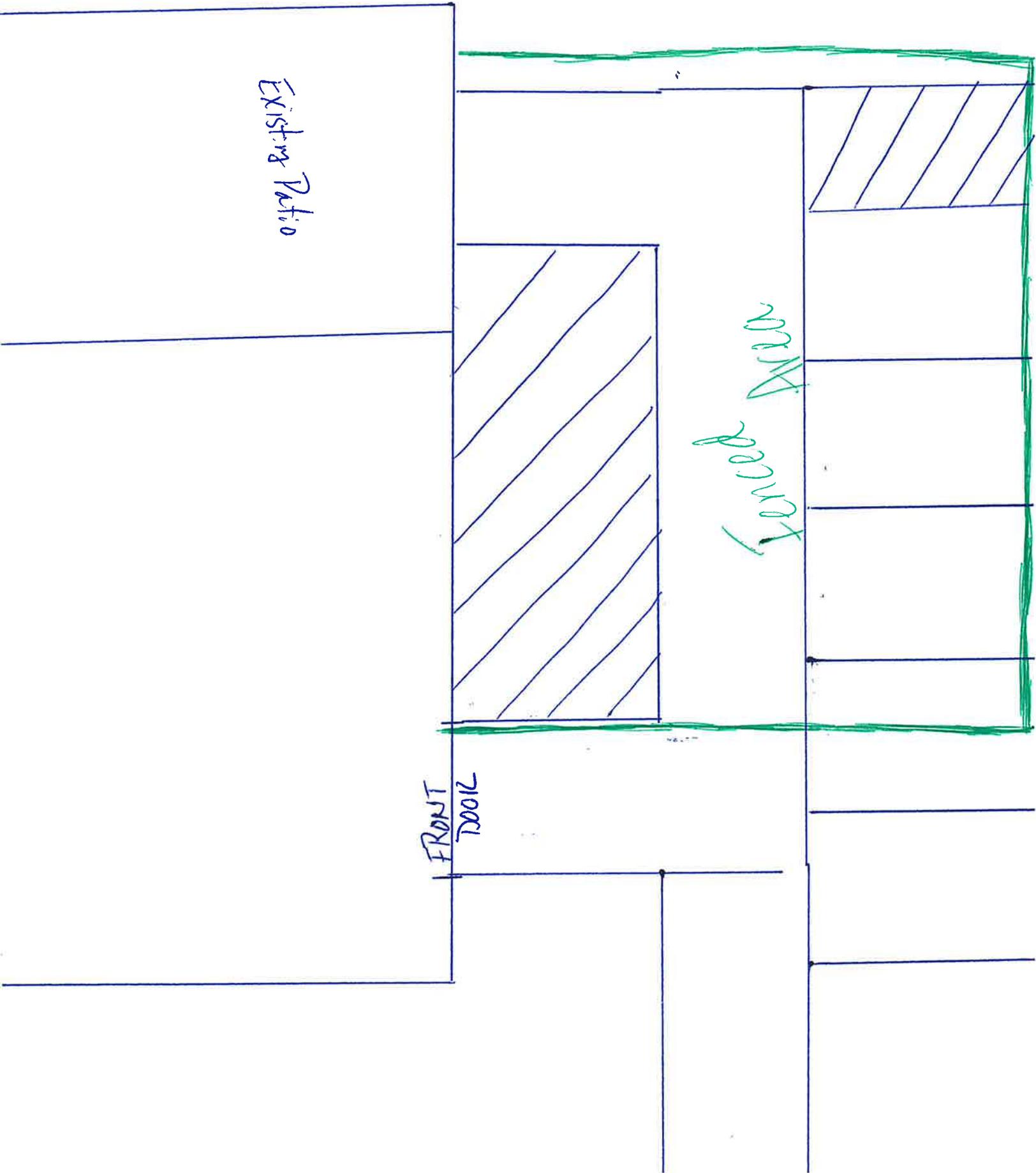
Date of Receipt upon Completion of Inspections: \_\_\_\_\_ Initials: \_\_\_\_\_

*Public Safety and Welfare Committee Review:* \_\_\_\_\_ *Common Council Review:* \_\_\_\_\_

**Approved / Denied** Date: \_\_\_\_\_

**Date Liquor License Premises Amendment Issued:** \_\_\_\_\_ **Liquor License No:** \_\_\_\_\_

Municipal Clerk: \_\_\_\_\_



Existing Patio

Fenced Area

FRONT DOOR