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 or 608-848-9941.

Join the meeting via computer, tablet, or smartphone:

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.

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 5th 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

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.
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 1st, 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 1st.

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 8th – May 12th. 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
Original Alcohol Beverage Retail License Application
(Submit to municipal clerk.)

For the license period beginning: 7/1/2020 ending: 6/30/2021

To the Governing Body of the: □ Town of Verona
     □ Village of Dane
     □ City of
County of Aldermanic Dist. No.
(if required by ordinance)

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

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.

<table>
<thead>
<tr>
<th>President / Member Last Name</th>
<th>(First)</th>
<th>(Middle Name)</th>
<th>Home Address (Street, City or Post Office, &amp; Zip Code)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hoechst</td>
<td>Philipp</td>
<td>Simon</td>
<td>1105 Tamarack Way, Verona, WI 53593</td>
</tr>
<tr>
<td>Vice President / Member Last Name</td>
<td>(First)</td>
<td>(Middle Name)</td>
<td>Home Address (Street, City or Post Office, &amp; Zip Code)</td>
</tr>
<tr>
<td>Hoechst</td>
<td>Sara</td>
<td>Greene</td>
<td>1105 Tamarack Way, Verona, WI 53593</td>
</tr>
<tr>
<td>Secretary / Member Last Name</td>
<td>(First)</td>
<td>(Middle Name)</td>
<td>Home Address (Street, City or Post Office, &amp; Zip Code)</td>
</tr>
<tr>
<td>Secretary / Member Last Name</td>
<td>(First)</td>
<td>(Middle Name)</td>
<td>Home Address (Street, City or Post Office, &amp; Zip Code)</td>
</tr>
<tr>
<td>Treasurer / Member Last Name</td>
<td>(First)</td>
<td>(Middle Name)</td>
<td>Home Address (Street, City or Post Office, &amp; Zip Code)</td>
</tr>
<tr>
<td>Treasurer / Member Last Name</td>
<td>(First)</td>
<td>(Middle Name)</td>
<td>Home Address (Street, City or Post Office, &amp; Zip Code)</td>
</tr>
<tr>
<td>Agent Last Name</td>
<td>(First)</td>
<td>(Middle Name)</td>
<td>Home Address (Street, City or Post Office, &amp; Zip Code)</td>
</tr>
<tr>
<td>Directors / Managers Last Name</td>
<td>(First)</td>
<td>(Middle Name)</td>
<td>Home Address (Street, City or Post Office, &amp; Zip Code)</td>
</tr>
</tbody>
</table>

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 patio 250 square feet. Beer is stored in our large walk-in cooler in the brewery. Beer that is currently being served is in the 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. The agent (Phillip Hoechst) already completed this course. □ Yes ☑ No

7. Is the applicant an employee or agent of, or acting on behalf of anyone except the named applicant? 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. □ Yes ☑ No

(b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? If yes, explain. __________________________________________________________

(c) Does the corporation, or any officer, director, stockholder or agent of 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. 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.) Hoechst, Philip S.
Signature

Owner/Member Phone Number Email Address
Hoechst, Phillip S. 608-720-8858 phil@hophausbrewing.com

Date 5/22/2020

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 [ ] City [ ] County of Dane

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

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: [ ] Philipp S. Hoechst (signature of Officer/Member/Manager)

And: [ ] [Signature] (signature of Officer/Member/Manager)

ACCEPTANCE BY AGENT

[ ] Philipp S. Hoechst (signature of agent) hereby accept this appointment as agent for the corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted at the premises for the corporation/organization/limited liability company.

[ ] 4/20/20 (date) Agent's age [ ] 39 (date of birth: 3/10/1981)

1105 Tamarack Way, Verona, WI 53593 (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 [ ] 4/12/20 (date) by [ ] [Signature] (signature of proper local official)

Title [ ] Police Chief (town chair, village president, police chief)

Wisconsin Department of Revenue [ ] 05/26/20
Auxiliary Questionnaire
Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name) (first name) (middle name)
Hoechst Philipp Simon

Home Address (street/route) Post Office City State Zip Code
1105 Tamarack Way Age Date of Birth Place of Birth
Home Phone Number
608-720-8858

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.
- [x] Member of Hop Haus Brewing Company, LLC.

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? 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? 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? If yes, identify Hop Haus Brewing Company, LLC. class C (Wine)

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/whisky permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? If yes, identify Hop Haus Brewing Company, LLC

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

<table>
<thead>
<tr>
<th>Employer's Name</th>
<th>Employer's Address</th>
<th>Employed From</th>
<th>To</th>
</tr>
</thead>
<tbody>
<tr>
<td>WI Dept of Corrections</td>
<td>3099 E. Washington Ave, Madison</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>9/2012</td>
<td>3/2020</td>
<td></td>
</tr>
<tr>
<td>Concentra Health</td>
<td>829 Blake Street, Denver, CO</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1/2010</td>
<td>8/2012</td>
<td></td>
</tr>
</tbody>
</table>

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.

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

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:

1. How long have you continuously resided in Wisconsin prior to this date? ☑ 9.5 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

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 any other states or ordinances of any county or municipality? ☑ Yes ☐ No

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? ☐ Hop Haus Brewing Company, LLC. class C (Wine) ☑ Yes ☐ No

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

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

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

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.
Application for Cigarette and
Tobacco Products Retail License
Submit to municipal clerk.

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
☐ City ☑ Village ☐ Town

Business Telephone
( )

Municipality
VERONA

County
DANE

State
WI

Zip Code
53593

Mailing Address (if different than Business Address)
PO BOX 2107

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 608-286-6701. See application form CTP-129, revenue.wi.gov/Forms/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/dis/tobaccdirectory 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.

CTF-200 (R. 9-19) Wisconsin Department of Revenue
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)

☐ Town of
☒ Village of VERONA
☐ City of

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

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

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.

<table>
<thead>
<tr>
<th>President / Member Last Name</th>
<th>(First)</th>
<th>(Middle Name)</th>
<th>Home Address (Street, City or Post Office, &amp; Zip Code)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ZIETLOW</td>
<td>DONALD</td>
<td>PAUL</td>
<td>2802 BERGAMOT PL., ONALASKA, WI 54650</td>
</tr>
<tr>
<td>Vice President / Member Last Name</td>
<td>(First)</td>
<td>(Middle Name)</td>
<td>Home Address (Street, City or Post Office, &amp; Zip Code)</td>
</tr>
<tr>
<td>WROBEL</td>
<td>JEFFREY</td>
<td>JAMES</td>
<td>3633 BENTWOOD PL., ONALASKA, WI 54650</td>
</tr>
<tr>
<td>Secretary / Member Last Name</td>
<td>(First)</td>
<td>(Middle Name)</td>
<td>Home Address (Street, City or Post Office, &amp; Zip Code)</td>
</tr>
<tr>
<td>ALFONSO PRIMO</td>
<td>JUAN</td>
<td>DE DEIOS</td>
<td>9406 ANCIENT OAK LN., VERONA, WI 53593</td>
</tr>
<tr>
<td>Treasurer / Member Last Name</td>
<td>(First)</td>
<td>(Middle Name)</td>
<td>Home Address (Street, City or Post Office, &amp; Zip Code)</td>
</tr>
<tr>
<td>ZIETLOW</td>
<td>DONALD</td>
<td>PAUL</td>
<td>2802 BERGAMOT PL., ONALASKA, WI 54650</td>
</tr>
</tbody>
</table>

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 employee or agent of, or acting on behalf of anyone except the named applicant? **If yes, explain** □ Yes ☑ No

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 of any 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.**

   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 1-877-682-3277] □ 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

Phone Number
608-793-6262

Email Address
DHafner@kwiktrip.com

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk
Date presented to council/board
Date provisional license issued

Signature of Clerk / Deputy Clerk

Date license granted
Date license issued
License number issued

AT-106 (R. 3-19)
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.

☐ Town
☐ Village
☑ City

To the governing body of: ☐ Village of Verona County of Dane
☑ City of

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.

By:DonaldTrump,
(Name of Corporation / Organization / Limited Liability Company)

(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
(Print / Type Agent’s Name)

☐ ☑ hereby accept this appointment as agent for the 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.

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

Date of birth 6/30/1980

Agent’s age 39

Date 5/17/2020

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 __________________________

Signature of Proper Local Official

Town Chair, Village President, Police Chief

Wisconsin Department of Revenue
Auxiliary Questionnaire
Alcohol Beverage License Application
Submit to municipal clerk.

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

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.

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? All my life.

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.) Please see reverse.

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 any 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. Officer of Kwik Trip, Inc. which holds multiple retail alcohol licenses in the State of Wisconsin.

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.

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

<table>
<thead>
<tr>
<th>Employer's Name</th>
<th>Employer's Address</th>
<th>Employed From</th>
<th>To</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kwik Trip, Inc.</td>
<td>1625 Oak St., La Crosse, WI 54603</td>
<td>9/1/1989</td>
<td>Present</td>
</tr>
<tr>
<td>Gateway Foods</td>
<td>Employers Address La Crosse, WI</td>
<td>1963</td>
<td>To 1989</td>
</tr>
</tbody>
</table>

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.

Donald P. Zietlow
Wisconsin Department of Revenue
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.

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? All my life.

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 any 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. Officer of Kwik Trip, Inc. which holds multiple retail alcohol licenses in the State of Wisconsin.

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.

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

<table>
<thead>
<tr>
<th>Employer's Name</th>
<th>Employer's Address</th>
<th>Employed From</th>
<th>To</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kwik Trip, Inc.</td>
<td>1626 Oak St., La Crosse, WI 54603</td>
<td>6/1/88</td>
<td>Present</td>
</tr>
<tr>
<td>Rau Corporation</td>
<td>600 Sumner St., La Crosse, WI 54603</td>
<td>1983</td>
<td>1988</td>
</tr>
</tbody>
</table>

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.

Jeffrey J. Wrobel
Wisconsin Department of Revenue
Auxiliary Questionnaire
Alcohol Beverage License Application
Submit to municipal clerk.

<table>
<thead>
<tr>
<th>Individual's Full Name (please print)</th>
<th>(last name)</th>
<th>(first name)</th>
<th>(middle name)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alfonso Primo</td>
<td>de Dios</td>
<td>Juan</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Home Address (street/route)</th>
<th>Post Office</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>9406 Ancient Oak Ln.</td>
<td>Verona</td>
<td></td>
<td>WI</td>
<td>53593</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Home Phone Number</th>
<th>Age</th>
<th>Date of Birth</th>
<th>Place of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>608-669-7737</td>
<td>39</td>
<td>6/30/1980</td>
<td>Jalapa, Mexico</td>
</tr>
</tbody>
</table>

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 (Officer / Director / Member / Manager / Agent) of Kwik Trip, Inc. (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 any 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.

<table>
<thead>
<tr>
<th>Employer's Name</th>
<th>Address</th>
<th>Employed From</th>
<th>To</th>
</tr>
</thead>
<tbody>
<tr>
<td>UWHC</td>
<td>600 Highland Ave., Madison, WI 53792</td>
<td>3/12</td>
<td>4/14</td>
</tr>
<tr>
<td>Kwik Trip, Inc.</td>
<td>1626 Oak St., La Crosse, WI 54603</td>
<td>11/10</td>
<td>12/12</td>
</tr>
</tbody>
</table>

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
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.

Not Transferable. Post entire license in a conspicuous place.
Wisconsin Department of Revenue Seller's Permit

Legal/real name: KWIK TRIP, INC.
Business name: 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.

<table>
<thead>
<tr>
<th>Tax Type</th>
<th>Account Type</th>
<th>Account Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sales &amp; Use Tax</td>
<td>Seller's Permit</td>
<td>456-0000287614-03</td>
</tr>
</tbody>
</table>
CITY OF VERONA

Liquor License Premises Amendment

Name of Establishment: Choot's
Address of Establishment: 102 W Railroad St
Name of Agent: Kurt Jurwitz
Address: 1505 Green Valley Rd Mt. Holly
Agent Phone Number: 609-279-1997 Establishment Phone Number: 497-1230

Premises Amendment Description:
Fencing off parking spots for outdoor 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: Kurt Jurwitz
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: ______


Approved / Denied Date: ___________

Date Liquor License Premises Amendment issued: ___________ Liquor License No: ___________

Municipal Clerk: ___________________________
CITY OF VERONA

Liquor License Premises Amendment

Name of Establishment: 5th Quarter
Address of Establishment: 161 Horizon Dr. #110
Name of Agent: Leann Ruths Address: 412 W. Harriet St.
Agent Phone Number: 608-516-2671 Establishment Phone Number: 608-845-9690

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 Ruths 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: ______


Approved / Denied Date: ______________

Date Liquor License Premises Amendment Issued: ______________ Liquor License No: ______________

Municipal Clerk: ____________________________