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## 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 Appleton County of Outagamie  
☒ 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  
Tobacco Outlet Plus Grocery 556  
(Trade Name)

located at 1342 W. Prospect Ave., Appleton, WI 54914

appoints Jennifer J. Ross  
(Name of Appointed Agent)

2115 S. 9th St., Manitowoc, WI 54220  
(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 1995

Place of residence last year 2115 S. 9th St., Manitowoc, WI 54220

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

By: Scott P. Fittler  
(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, Jennifer J. Ross, 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.

Jennifer J. Ross 3.18.24  
(Signature of Agent) (Date)

2115 S. 9th St., Manitowoc, WI 54220  
(Home Address of Agent) Agent's age       
Date of birth     

### 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)

Form  
AT-103

## Alcohol Beverage License Application Supplemental Questionnaire

Date 2.22.24

This form must be submitted to the municipal clerk, and be accompanied by one or more of the following forms: AT-104, AT-106, AT-108, AT-115, or AT-200. One Form AT-103 must be completed by each person involved in the applicant business or parent company including:

- sole proprietor
- all officers, directors, and agent of a corporation or nonprofit organization
- all partners of a partnership
- managing members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Supplemental Questionnaires are submitted.

### Part A: Premises/Business Information

1. Registered Entity Name (or individual name if sole proprietor)

Kwik Trip, Inc.

2. Trade Name or DBA

Tobacco Outlet Plus Grocery 556

3. Entity Type (check one)

☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☒ Corporation ☐ Nonprofit Organization

### Part B: Individual Information

1. Name (Last, First, M.I.)

Ross, Jennifer J.

2. Relationship to Registered Entity (Title)

Agent

3. Email

4. Phone

5. Home Address

W6615 E. Midway Rd., #13

6. City

Appleton

7. State

WI

8. Zip Code

54915

9. Date of Birth

10. Drivers License/State ID Number

11. Drivers License/State ID State of Issuance

WI

### Part C: Address History

List in chronological order your last two residence addresses within the last 5 years.

Previous Address 1

111 E. Water St., #313

Previous City, State, Zip

Appleton, WI 54911

Dates (MM/YYYY - MM/YYYY)

11/2021 - 7/2022

Previous Address 2

1718 Schaefer Cir.

Previous City, State, Zip

Appleton, WI 54915

Dates (MM/YYYY - MM/YYYY)

12/7/2005 - 11/2021

### Part D: Employment History

List in chronological order your last two employers within the last 5 years.

Employer's Name

Kwik Trip, Inc.

Employer's Address

1626 Oak St., La Crosse, WI 54603

Dates Employed (MM/YYYY - MM/YYYY)

3/2017 - Present

Employer's Name

Athleta

Employer's Address

Fox River Mall, Appleton, WI

Dates Employed (MM/YYYY - MM/YYYY)

8/2018 - 6/2022

**Part E: Criminal History**

1. Have you ever been convicted of any offenses (other than traffic offenses unrelated to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? . . . . . ☐ Yes ☒ No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Trial Date
Penalty Imposed	Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Trial Date
Penalty Imposed	Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses currently pending against you (other than traffic offenses unrelated to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? . . . . . ☐ Yes ☒ No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

**Part F: Questions**

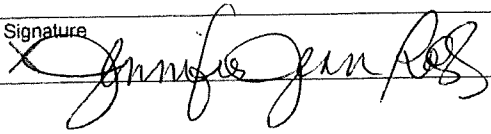
1. Have you lived in any state other than Wisconsin as an adult? If yes, please list them in the space below. If no, continue to question 2. . . . . ☒ Yes ☐ No

Michigan

- |   |                     |        |
|---|---------------------|--------|
| 2. How long have you continuously lived in Wisconsin prior to the date of application?  | Years<br>Since 1995 | Months |
| 3. Do you hold a direct or indirect interest in any alcohol beverage wholesaler or producer (e.g. brewer, brewpub, winery, distillery)? If yes, please explain using the space below. Attach additional sheets as needed. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                     |        |

**Part G: Attestation**

**READ CAREFULLY BEFORE SIGNING:** I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature 	Date X 5-22-24
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