RESOLUTION OF THE COMMON COUNCIL	
Authorizing and directing the proper city official(s) to appoint Michael Laures as the agent for Kwik Trip Inc., d/b/a Kwik Trip #967, located at 2400 Roby Rd	
File Number: R-11-2021	**Date Introduced:** January 26, 2021

WHEREAS the City Clerk's office has received a Schedule for Successor of Agent and Schedule for Appointment of Agent for Kwik Trip #967, and

WHEREAS, the application was forwarded to the Police Chief for review and the Chief recommends approval, now therefore

BE IT RESOLVED the Common Council of the City of Stoughton that the proper city official(s) be hereby directed and authorized to appoint Michael Laures as the agent for Kwik Trip #967.

Council Action: ☐ **Adopted** ☐ **Failed** **Vote** _____

Mayoral Action: ☐ **Accept** ☐ **Veto**

_____

Tim Swadley, Mayor Date

Council Action: _____ ☐ **Override** **Vote** _____

CR# 10051256

KWIK TRIP INC.

RECEIVED
JAN 12 2021
CITY OF STOUGHTON

Legal
PHONE 608-781-8988
FAX 608-793-6120

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

January 5, 2020

Candee Christen, Deputy Clerk
City of Stoughton
207 S. Forrest St.
Stoughton, WI 53589

RE: Appointment of Agent
Kwik Trip 967
2400 Roby Rd.

Dear Candee:

Recently a new manager, Michael Laures, was assigned to take over leadership responsibilities of our Kwik Trip 967 convenience store located in the City of Stoughton. Therefore, we would like to appoint Michael as agent of the store.

Enclosed, please find the completed Appointment of Agent, Successor of Agent, and Auxiliary Questionnaire forms reflecting this change and $10.00 for the administrative fee for this service. I respectfully request that you please include this item on the agenda of your next City council meeting for consideration.

Please contact me at (608) 791-7385 or JChristianson@kwiktrip.com if you require anything further with this change. Thank you for your assistance with this matter.

Yours truly,

Jay Christianson
Licensing Agent

Enclosures

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

210 + Successor Form

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 ☑ City of Stoughton County of Dane

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 967 (Trade Name)

located at 2400 Roby Rd., Stoughton, WI 53589

appoints Michael F. Laures (Name of Appointed Agent)

[redacted] (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? Entire life

Place of residence last year [redacted]

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

By: [signature] (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, Michael F. Laures (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] (Signature of Agent) 12/29/2020 (Date) Agent's age [redacted]

[redacted] (Home Address of Agent) Date of birth [redacted]

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 [illegible] the character, record and reputation are satisfactory and I have no objection to the agent appointed.

Approved on 1/12/21 (Date) by [signature] (Signature of Proper Local Official) Title Chief of Police (Town Chair / Village President / Police Chief)

Wisconsin Department of Revenue

AT-104 (R. 4-18)

Schedule for Successor of Agent

If there is a change in agent, each club, corporation, or limited liability company who holds a retail permit to sell fermented malt beverages and/or intoxicating liquor must appoint a successor agent pursuant to sec. 125.04(6), Wis. Stats. There is a $10 change in agent processing fee due with this form. The following questions must be answered by the Agent. The appointment must be signed by an officer of the corporation/organization or one member of limited liability company. (Only one signature is required). The appointment must be approved by the licensing authority.

City of Stoughton (Municipality) Wisconsin 12/29 (Date) 20 20

1. Name of agent Michael F. Laures

	Yes	No	
2.	☑	☐	Are you of legal drinking age?
3.	☑	☐	Have you been a resident of Wisconsin for at least 90 continuous days prior to the date of appointment as agent?
4.	☐	☑	Have you ever been convicted of a federal law violation?
5.	☑	☐	Have you ever been convicted of a state law violation? Speeding
6.	☐	☑	Have you ever been convicted of a local ordinance violation?
7.	☑	☐	Have you completed the required responsible beverage server program per sec. 125.04(5)(a)5, Wis. Stats.?

UNDER PENALTY OF LAW, I declare that all of the above information is true and correct to the best of my knowledge and belief.

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

(Signature of Agent)

[redacted]

SUCCESSOR AGENT

The undersigned appoints Michael F. Laures as agent in accordance with sec. 125.04(6), Wis. Stats.

Name of Permittee Donald P. Zietlow, President

Date January 4th 20 21

By (Signature of Officer / Member)

I hereby accept appointment as agent for Kwik Trip, Inc. d/b/a Kwik Trip 967 and assume full responsibility of the conduct of the business relative to fermented malt beverages and intoxicating liquors.

Date 12/29/2020 20 20

Michael F. Laures (Signature of Agent)

THE AGENT APPOINTED ABOVE MUST BE APPROVED BY THE LICENSING AUTHORITY TO BE EFFECTIVE.
(See sec. 125.04(6), Wis. Stats.)

(Municipality) WI (Date) 20

(Signature of Official)

(Title)

Wisconsin Department of Revenue

AT-107a (R. 7-18)

Auxiliary Questionnaire
Alcohol Beverage License Application

Submit to municipal clerk.

WI Dr. Lic. #L620-5467-5003-03

Individual's Full Name *(please print)* *(last name)*	*(first name)*	*(middle name)*
Laures	Michael	Francis

Home Address *(street/route)*	Post Office	City	State	Zip Code
[redacted]		[redacted]	[redacted]	

Age	Date of Birth	Place of Birth
[redacted]		[redacted]

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? Entire 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 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		Employed From	To
Kwik Trip, Inc.	1626 Oak St., La Crosse WI 54603	9/2018	Present
Walmart	Janesville, WI	6/1998	9/2018

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)

Michael F. Laures

WISCONSIN

SELLER / SERVER CERTIFICATION

Trainee Name: Michael Laures

Date of Completion: 02/26/2020

School Name: 360training.com, Inc.

Certification #: WI-188585

I, _____

Certify that the above named person successfully completed an approved Learn2Serve Seller/Server course.

COMPLIES WITH WISCONSIN STATUTES 125.04, 125.17,134.66

learn2 serve

Corporate Headquarters
6801 N Capital of Texas Hwy, Bldg 1,
Suite 250, Austin, TX 78731
P: 877.881.2235