

# Alcohol Beverage Appointment of Agent

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

**Agent Type (check one)**

Original (no fee)

Successor (\$10 fee for municipal licensees only)

**Part A: Business Information**

1. Legal Business Name (individual name if sole proprietor)

Kwik Trip, Inc.

2. Business Trade Name or DBA

Kwik Spirits 523

3. Entity Type (check one)

Limited Liability Company

Corporation

Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one)

Municipal Retail License  State Permit

5. If successor agent, provide State Permit or Municipal Retail License Number

6. Describe the reason for appointing a successor agent, if successor is checked above.

New agent assigned to the store.

**Part B: Agent Information**

1. Last Name

Perron

2. First Name

Clayton

3. M.I.

A.

5. Phone

**Part C: Agent Questions**

1. Have you satisfied the responsible beverage server training requirement?  
Submit proof of completion.

Yes  No

2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire* (licensee) or  
Form AB-300, *Alcohol Beverage Personal Questionnaire* (permittee)?

Yes  No

3. Have you been a Wisconsin resident for at least 90 continuous days?  
See instructions for exceptions.

Yes  No

Continued →

**Part D: Business Attestation**

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I 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.

Last Name Zietlow		First Name Scott	M.I. Paul
Title CEO/President	Email LicensingDept@kwiktrip.com	Phone 608-791-7385	
Signature <i>Scott P. Zietlow</i>		Date 3/3/26	

**Part E: Agent Attestation**

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. 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.

Last Name Perron		First Name Clayton	M.I. A.
Signature <i>[Handwritten Signature]</i>		Date 03/03/2026	