

Applicant

NAME OF LEGAL ENTITY NAME OF BUSINESS (DBA) BUSINESS

Kwik Trip, Inc. Tobacco Outlet Plus #530 (515) 232-4389

ADDRESS OF PREMISES PREMISES SUITE/APT NUMBER CITY COUNTY ZIP

204 S Duff Ave Ames Story 50010

MAILING ADDRESS CITY STATE ZIP

PO Box 2107 La Crosse Wisconsin 54602

Contact Person

NAME PHONE EMAIL

Deanna Hafner (608) 793-6262 dhafner@kwiktrip.com

License Information

LICENSE NUMBER LICENSE/PERMIT TYPE TERM STATUS

LE0003453 Class E Liquor License 12 Month Submitted

to Local Authority

TENTATIVE EFFECTIVE DATE TENTATIVE EXPIRATION DATE LAST DAY OF BUSINESS

Apr 15, 2022 Apr 14, 2023

SUB-PERMITS

Class E Liquor License, Class C Beer Permit, Class B Wine Permit



PRIVILEGES

Sunday Service

Status of Business

BUSINESS TYPE

Corporation

Ownership

No Ownership information found

Insurance Company Information

INSURANCE COMPANY	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE
DRAM CANCEL DATE	OUTDOOR SERVICE EFFECTIVE DATE	OUTDOOR SERVICE EXPIRATION DATE
BOND EFFECTIVE DATE	TEMP TRANSFER EFFECTIVE DATE	TEMP TRANSFER EXPIRATION DATE

12/15/22, 8:56 AM New Permit

Premises Updates Application (App-169637) For (LE0003453)

Premises
NEED HELP?
Tentative Expiration Date
Apr 14, 2023
Is this a permanent or temporary change?
Permanent
* (required) Start Date
Nov 14, 2022
* (required) End Date
* (required) Please describe how the premises is changing
DBA Name change from Tobacco Outlet Plus #530 to KWIK SPIRITS #530
Does this premises update change the address for the premises?
No
Has the square footage of the premises changed?

12/15/22, 8:56 AM New Permit

2, 8:56 AM	New Permit	
No		
Address of Premises:		
	n field below to search for your operating location. If your event does applicable address and then modify your premises street field to	
better identify the address of your ev		
Address or location		
204 S Duff Ave, Ames, low	a,Story	
Search by a location name or address	to automatically populate the address fields below (optional)	
* (required) Premises Street	Premises Suite/Apt Number	
204 S Duff Ave		
* (required) Premises City	Premises State	
Ames	lowa	
* (required) Premises Zip/Postal Code	Premises County	
	Story	