

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning _____ 20____; ending _____ 20____

TO THE GOVERNING BODY of the: Town of } MILTON
 Village of }
 City of }

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

1. The named INDIVIDUAL PARTNERSHIP LIMITED LIABILITY COMPANY
 CORPORATION/NONPROFIT ORGANIZATION

hereby makes application for the alcohol beverage license(s) checked above.

2. Name (individual/partners give last name, first, middle; corporations/limited liability companies give registered name): CASEY'S MARKETING COMPANY

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 name, title, and place of residence of each person.

Title	Name	Home Address	Post Office & Zip Code
President/Member	PRESIDENT- MICHAEL R. RICHARDSON-	4865 COPPER CREEK DRIVE, PLEASANT HILL, IA 50317	
Vice President/Member	VICE PRESIDENT- ROBERT C. FORD-	23638 RIVER HEIGHTS DRIVE, DALLAS CENTER, IA 50063	
Secretary/Member	SECRETARY- JULIA L. JACKOWSKI-	9813 ILTIS DRIVE, URBANDALE, IA 50322	
Treasurer/Member	TREASURER- JAMES PISTILLO-	3415-159TH STREET, URBANDALE, IA 50323	
Agent	CT CORPORATION-	44 E MIFFLIN ST, MADISON, WI 53703	
Directors/Managers	AGENT- JEFF KIMBERLY-		

3. Trade Name CASEY'S GENERAL STORE #1922 Business Phone Number 608-868-2550

4. Address of Premises 464 S JOHN PAUL ROAD Post Office & Zip Code MILTON, WI 53563

5. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? AGENT- JEFF KIMBERLY Yes No
6. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? Yes No
7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? Yes No
8. (a) **Corporate/limited liability company applicants only:** Insert state IOWA and date 3/15/95 of registration.
 (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? Yes No
 (c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? CASEY'S MARKETING COMPANY HOLDS SEVERAL LICENSES IN WISCONSIN Yes No
 (NOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 above.)

9. 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.) 1 STORY PRESTRUCTED STEEL BUILDING

10. Legal description (omit if street address is given above): N/A

11. (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?

12. Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630.5) before beginning business? [phone 1-800-937-8864] Yes No

13. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]. Yes No

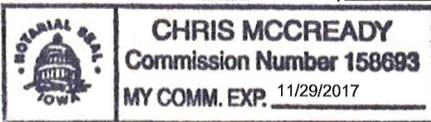
14. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

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 signers. Signers agree 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 and each member of a partnership applicant must sign; corporate officer(s), members/managers 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.

SUBSCRIBED AND SWORN TO BEFORE ME

this 8TH day of DECEMBER, 20 15

Chris Mccready
 (Clerk/Notary Public)



Julia L. Jackowski
 JULIA L. JACKOWSKI,
 SECRETARY FOR CASEY'S MARKETING COMPANY
 Corporation/Member/Manager of Limited Liability Company/Partner/Individual

My commission expires 11/29/2017

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>2-2-2016</u>	Date reported to council/board <u>2-17-2016</u>	Date provisional license issued	Signature of Clerk / Deputy Clerk <u>Edm Hely</u>
Date license granted	Date license issued	License number issued	

Applicant's WI Seller's Permit No.:	FEIN Number: 42-1435913
LICENSE REQUESTED	
TYPE	FEE
<input checked="" type="checkbox"/> Class A beer	\$ <u>100.00</u>
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>45.00</u>
TOTAL FEE	\$