



City of Fort Atkinson
City Manager's Office
101 N. Main Street
Fort Atkinson, WI 53538

**LICENSE COMMITTEE MEETING
IN PERSON AND VIA ZOOM
MONDAY, MARCH 9, 2026 – 4:00 PM
CITY HALL – SECOND FLOOR**

<https://us02web.zoom.us/j/89229497377?pwd=2jkad13kfJpfAVg29gy7AggBWnmqYb.1>

Meeting ID: 892 2949 7377

Passcode: 622064

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If you have special needs or circumstances which may make communication or accessibility difficult at the meeting, please call (920) 397-9901. Accommodations will, to the fullest extent possible, be made available on request by a person with a disability.

AGENDA

- 1. Call meeting to order**
- 2. Roll call**
- 3. New Business**
 - a. Review and possible action relating to **Cigarette, Tobacco and Electronic Vaping Device Retail License Applications** for Speedy 3 LLC dba Location 2 - 303 S. Main Street for the licensing period of March 18, 2026 through June 30, 2026 (Ebbert, Clerk/Treasurer)
 - b. Review and possible action relating to **Alcohol Beverage License Application** for Speedy 3 LLC dba Location 2 - 303 S. Main Street for use at 303 S. Main Street for the licensing period of March 18, 2026 through June 30, 2026 (Ebbert, Clerk/Treasurer)
- 4. Adjournment**

Date Posted: March 6, 2026

CC: City Council; City Staff; City Attorney; Fort Atkinson Chamber of Commerce; Fort Atkinson School District; News Media

Notice is hereby given that a majority of the Fort Atkinson City Council may be present at this meeting at the location and time indicated above to gather information about any subject matters on this agenda over which they have decision-making responsibility. This may constitute a meeting of the City Council pursuant to State ex rel. Badke v. Greendale Village Bd., 173 Wis.2d. 553, 494 N.W.2d 408 (1993), and must be noticed as such although the City Council will not take any formal action at this meeting.

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MEMORANDUM

DATE: March 9, 2026

TO: Committee/Commission/Board

FROM: Michelle Ebbert, Clerk/Treasurer/Finance Director

RE: Review and possible action relating to Cigarette, Tobacco and Electronic Vaping Device Retail License Applications for Speedy 3 LLC dba Location 2 - 303 S. Main Street for the licensing period of March 18, 2026 through June 30, 2026 (Ebbert, Clerk/Treasurer)

BACKGROUND

The State of Wisconsin regulates cigarette, tobacco and electronic vaping device licensing for local governments through State Statute Chapters 134 and 139. On December 6, 2023, Wisconsin Act 73 was signed into law. This legislation subjects electronic vaping devices to the same retail licensing requirements as cigarettes and tobacco products. As of March 6, 2024, retailers selling electronic vaping devices were required to obtain a retail license from the City. The Department of Revenue updated their existing Cigarette and Tobacco Retailers License application to include Electronic Vaping Products.

134.65(1)(d) No person shall in any manner, or upon any pretense, or by any device, directly or indirectly sell, expose for sale, possess with intent to sell, exchange, barter, dispose of or give away any cigarettes, electronic vaping devices, or tobacco products to any person not holding a license as herein provided or a permit under ss. [139.30](#) to [139.41](#) or [139.79](#) without first obtaining a license from the clerk of the city, village or town wherein such privilege is sought to be exercised.

DISCUSSION

The gas station at 303 S. Main Street has been operated as Kings Operating LLC since March 5, 2025. A Cigarette and Tobacco Application was submitted by Speedy 3, LLC dba Location 2 - 303 S. Main Street for use at 303 S Main Street. Quotas do not exist for cigarette and tobacco licenses.

The following information was provided and confirmed.

- Confirmation of Legal Name (corporation, limited liability company, partnership)
- Trade or Business Name

- Background check on Agent/Applicant

FINANCIAL ANALYSIS

Cigarette, Tobacco and Electronic Vaping Device Retail License fee for the licensing period of March 18, 2026 to June 30, 2026 is \$100.00. Cigarette license fees are not pro-rated.

RECOMMENDATION

Staff recommends the License Committee recommend the City Council approve the Cigarette and Tobacco Products Retail License Application for Speedy 3, LLC dba Location 2 - 303 S. Main Street for the licensing period of March 18, 2026 to June 30, 2026 contingent upon successful background checks all monies owed to the City are paid prior to license issuance by the City Clerk.

ATTACHMENTS

1. Speedy 3 LLC Cigarette Application_Redacted

FOR CLERKS ONLY
Municipality
License Period

Form
CTV-100

Cigarette, Tobacco, and Electronic Vaping Device Retail License Application

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietor) Speedy 3 LLC			
2. Business Trade Name or DBA LOCATION 2 - 303 S MAIN ST FORT ATKINSON WI 53538-2240			
3. FFIN 41-3655181		4. Wisconsin Seller's Permit Number 456-1032247803-02	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation			
6. State of Organization Wisconsin		7. Date of Organization 01/22/2026	8. Wisconsin DFI Registration Number
9. Premises Address (do not use PO Box) 303 S Main St,			
10. City Fort Atkinson		11. State WI	12. Zip Code 53538
13. County Jefferson	14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: Fort Atkinson		15. Aldermanic District
16. Mailing Address (if different from premises address)			
17. City		18. State	19. Zip Code
20. Premises Phone		21. Premises Email speedygasstation@gmail.com	22. Website
23. Premises Description - Describe the building or buildings where cigarettes, tobacco products, and electronic vaping devices are to be sold and stored. Describe all rooms including living quarters, if used, for the sales and/or storage of cigarettes, tobacco products, and electronic vaping devices and records. Cigarettes, tobacco products, and electronic vaping devices may be sold and stored ONLY on the premises described in this application. Attach a floor plan if possible. <i>Behind the counter and back stock room.</i>			

Part B: Questions

1. What products will be sold at this business location? (check all that apply) <input checked="" type="checkbox"/> Cigarettes <input checked="" type="checkbox"/> Tobacco Products <input checked="" type="checkbox"/> Electronic Vaping Devices			
2. How will cigarettes, tobacco, and/or electronic vaping devices be sold? (check all that apply) <input type="checkbox"/> Over the counter <input type="checkbox"/> Vending machine			
3. Is the applicant business owned by another business entity? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, provide the name(s) and FEIN(s) of the business entity(s) below. Attach additional sheets if necessary 3a. Name of Business Entity: _____ 3b. FEIN of Business Entity: _____			

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following titles or positions in the applicant business and any businesses listed in Part B, Question 3: sole proprietor: all officers, directors, and agents of a corporation: all partners of a partnership: and all members and agents of a limited liability company. Attach additional sheets if necessary.

Include Form CTV-101, *Individual Questionnaire*, for each person listed below.

Last Name	First Name	Title	Phone
Campechano Pucheta	Hector	Partner	
Elizabeth Pucheta	Kayla	Partner	

Part D: Attestation

One of the following must sign and attest to this application:
 • sole proprietor • one general partner of a partnership • one corporate officer • one managing member of an LLC

READ CAREFULLY BEFORE SIGNING:

I understand and agree to the following:

- I will only purchase cigarettes, tobacco, and vapor products from distributors, jobbers, or subjobbers permitted by the Wisconsin Department of Revenue, unless I also hold the proper distributor's permit and pay all applicable excise taxes.
- I will not purchase or exchange products from another retailer, including transferring existing stock to a new owner.
- I will provide tobacco sales training that has been approved by the Wisconsin Department of Health Services to my employees. (<https://witobaccocheck.org>).
- I will not sell single cigarettes.
- I will not sell, give, or otherwise provide cigarettes, tobacco, or any nicotine products to minors.
- I will keep product invoices on the licensed premises for two years and ensure the records are available for inspection by law enforcement. Failure to comply with this will result in criminal penalties, including loss of inventory.
- I will not sell cigarettes or roll-your-own (RYO) tobacco products unless listed on the Wisconsin Department of Justice's directory of certified tobacco manufacturers and brands.

Further, under penalty provided by law, I state that this application has been truthfully answered to the best of my knowledge. I agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another. Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. 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 02/13/26
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Name (Last, First, M.I.)
 Hector Campechano Pucheta

Title Partner	Email speedygasstation@gmail.com	Phone
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Part E: For Clerk Use Only

Date application was filed with clerk	Date license issued	Date license expires	License number
License fees	Signature of Clerk/Deputy Clerk		

Form CTV-101

Cigarette, Tobacco, and Electronic Vaping Device - Individual Questionnaire

Part A: Business Information			
1. Legal Business Name (Individual name if sole proprietor) Speedy 3 LLC			
2. Business Trade Name or DBA LOCATION 2 - 303 S MAIN ST FORT ATKINSON WI 53538-2240			
3. Entity Type (check one)			
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Corporation

Part B: Individual Information			
1. Name (Last) Campechano Pucheta	2. Name (First) Hector	3. Name (M.I.)	
4. Relationship to Business (Title) Partner	5. Email [REDACTED]	6. Phone	
7. Home Address [REDACTED]			
8. City [REDACTED]	9. State WI	10. Zip Code [REDACTED]	11. Date of Birth [REDACTED]
12. Drivers License/State ID Number [REDACTED]		13. Drivers License/State ID State of Issuance Wisconsin	

Part C: Individual's Address History			
List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.			
Previous Address 1	City	State	Zip Code
Previous Address 2	City	State	Zip Code
Previous Address 3	City	State	Zip Code
Previous Address 4	City	State	Zip Code
Previous Address 5	City	State	Zip Code
Previous Address 6	City	State	Zip Code
If applicable, list all states and counties you have lived in as an adult. Attach additional sheets if necessary.			
State	County	State	County
State	County	State	County

Continued →

Part D: Individual's Criminal History

1. Have you ever been convicted of any offenses (other than traffic offenses) 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:

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

2. Are charges for any offenses currently pending against you (other than traffic offenses) 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 E: Attestation by Individual

READ CAREFULLY BEFORE SIGNING: 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 an application for cigarette, electronic vaping devices, and tobacco products retail license may be required to forfeit not more than \$1,000 if convicted. I declare under penalties of the law that I have examined this information and, to the best of my knowledge, it is true, correct, and complete to the best of my knowledge and belief.

Signature  Date 02/13/20

Part F: Licensing Authority Approval

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, this individual does not have a criminal record that would disqualify them from having an interest in a cigarette, tobacco product, or electronic vaping device retailer license according to sec. 134.65(1m), Wis. Stats.

Name of Local Official Title
 Signature of Local Official Date

Form CTV-102

Cigarette, Tobacco, and Electronic Vaping Device Appointment of Agent

Date 02/16/2026

Agent Type (check one): [x] Original [] Change

Part A: Agent Information. Fields include Last Name (Campechano Pucheta), First Name (Hector), M.I., Email, Phone, City, State (WI), Zip Code, and Drivers License/State of Issuance (Wisconsin).

Part B: Questions. Question 1: Have you completed Form CTV-101... [x] Yes [] No. Question 2: If this is a change of agent, please describe the reason for the agent change.

Part C: Business Information. Fields include Legal Business Name (Speedy 3 LLC), Business Trade Name or DBA (LOCATION 2 - 303 S MAIN ST FORT ATKINSON WI 53538-2240), Entity Type (Limited Liability Company), and Premises Address (303 S Main St, Fort Atkinson, WI 53538).

Part D: Attestations. Includes a signature block for the Licensee or Permittee (Hector Campechano Pucheta) and a signature block for the Agent, both with dates.



MEMORANDUM

DATE: March 9, 2026

TO: Committee/Commission/Board

FROM: Michelle Ebbert, Clerk/Treasurer/Finance Director

RE: Review and possible action relating to Alcohol Beverage License Application for Speedy 3 LLC dba Location 2 - 303 S. Main Street for use at 303 S. Main Street for the licensing period of March 18, 2026 through June 30, 2026 (Ebbert, Clerk/Treasurer)

BACKGROUND

The State of Wisconsin regulates alcohol licensing for local governments through Chapter 125. There are three classes of Licenses; Class A, Class B and Class C. The difference between Class A and B is where alcohol is authorized for sale and for consumption. Class A generally offers sale of alcohol on-site with consumption off-site (e.g. grocery or liquor store, gas station or convenience store). Class B allows for on-site sale and on-site consumption (e.g. Restaurant, Bar, Bowling Alley, Tavern). Class A can easily be remembered because alcohol is consumed *Away* from the premises. Likewise, Class B you consume on-site, for example *Bar*.

Table 1: Type of license, beverage and where consumption is permitted.

<u>Type of License</u>	<u>Type of Beverage</u>	<u>Consumption Location</u>
"Class A"	Intoxicating Liquor	Off-site
Class "A"	Fermented Malt	Off-site
"Class A" Liquor: Cider Only*	Cider Only	Off-site
"Class B"	Intoxicating Liquor	On-site
Class "B"	Fermented Malt	On-site
"Class C"	Wine only	On-site
Reserve "Class B"	Intoxicating Liquor	On-site
Temporary Class "B" **	Fermented Malt	On-site
Temporary "Class B" **	Wine	On-site

*The 2015-17 Wisconsin State Budget (2015 Act 55) provides that municipalities shall issue a "Class A" liquor license if both of the following apply:

- The “Class A” liquor license application is for sales limited to cider products only.
- The application for a “Class A” liquor license holds a Class “A” beer license for the same premises.

2015 Act 55 provision also defines ‘cider’ to mean any alcohol beverage that is obtained from the fermentation of the juice of apples or pears and that contains not less than 0.5 percent alcohol by volume and not more than 7.0 percent alcohol by volume. “Cider” includes flavored, sparkling, and carbonated cider.

** Temporary Class “B” Fermented Malt and Temporary “Class B” Wine – these licenses are issued throughout the year to lodges, societies, bona fide clubs, chambers, non-profit, etc.

Table 2: Combination of Licenses

<u>License Combinations</u>	<u>Type of Beverage(s)</u>	<u>Consumption Location</u>
“Class A” and Class “A”	Intoxicating Liquor and Fermented Malt	Off-site
Class “A” and “Class A” Liquor: Cider Only	Fermented Malt and Cider	Off-site
“Class B” and Class “B”	Intoxicating Liquor and Fermented Malt	On-site
Class “B” and “Class C” Wine	Fermented Malt and Wine	On-site
Reserve “Class B” and Class “B”	Intoxicating Liquor and Fermented Malt	On-site
Temporary Class “B” and Temporary “Class B”	Fermented Malt and Wine	On-site

Table 3: License fees (maximum amount allowable by State Statute is being charged)

<u>Type of License</u>	<u>License Fee</u>
“Class A” Intoxicating Liquor	\$500.00
Class “A” Fermented Malt	\$100.00
“Class A” Liquor: Cider Only	No fee.
“Class B” Intoxicating Liquor	\$500.00
Class “B” Fermented Malt	\$100.00
“Class C” Wine Only	\$100.00
Reserve “Class B” Intoxicating Liquor	\$10,000 (one-time)
Temporary Class “B” Fermented Malt	\$10.00
Temporary “Class B” Wine	\$10.00

A combination Class A license (intoxicating liquor and fermented malt) would total \$600.00.

A combination Class B license (intoxicating liquor and fermented malt) would total \$600.00

Table 4: Existing Quotas (03/06/2026)

<u>License</u>	<u>Quota</u>	<u>Licenses Issued</u>	<u>Licenses Available</u>
"Class A" Intoxicating Liquor	16 - 1 per 750 residents	15	1
Class "A" Fermented Malt	17 - 1 per 750 residents	16	1
"Class B" Intoxicating Liquor	25 - 1 per 500 residents	25	0
RESERVE	4 - \$10,000 one-time fee	4	1
"Class B" Intoxicating Liquor			

DISCUSSION

The gas station at 303 S. Main Street has been operated by Kings Operating LLC as of March 5, 2026. An Alcohol License Application was submitted by Speedy 3, LLC dba Location 2 - 303 S. Main Street for use at 303 S. Main Street.

The following information was provided.

- Confirmation of Legal Name (corporation, limited liability company, partnership)
- Trade or Business Name
- Background check on Agent/Applicant
- Letter from King Operating WI LLC stating they will surrender the Class "A" Fermented Malt Beverage license contingent upon approval of applicant Hector Campechano Pucheta, Speedy 3, LLC dba Location 2 - 303 S. Main Street

The following items were verified.

- Verification of Federal Identification Number
- Verification of Wisconsin Seller's Permit Number

FINANCIAL ANALYSIS

Alcohol license fees for the submitted application is pro-rated from the month of issuance to expiration. Such Class A license from March to June is \$33.36. A cigarette license is \$100.00 and cannot be prorated.

RECOMMENDATION

Staff recommends the License Committee recommend approval of the Alcohol License

Application for a Class "A" Fermented Malt Beverage License for Speedy 3, LLC dba Location 2 - 303 S. Main Street licensing period of March 18, 2026 to June 30, 2026 contingent upon successful background check and all monies owed to the City are paid prior to license issuance by the City Clerk.

ATTACHMENTS

1. Speedy 3 LLC 303 S Main St - Alcohol License Application_Redacted

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only
Municipality
License Period

License(s) Requested: (up to two boxes may be checked)

- Class "A" Beer \$ ✓
 Class "B" Beer \$ _____
- "Class A" Liquor \$ X
 "Class B" Liquor \$ _____
- "Class A" Liquor (cider only) \$ _____
 Reserve "Class B" Liquor \$ _____
- "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ _____
Background Check Fee	\$ _____
Publication Fee	\$ _____
Total Fees	\$ _____

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) Speedy 3 LLC			
2. Business Trade Name or DBA LOCATION 2 - 303 S MAIN ST FORT ATKINSON WI 53538-2240			
3. FEIN 41-3655181		4. Wisconsin Seller's Permit Number 456-1032247803-02	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization			
6. State of Organization Wisconsin		7. Date of Organization 01/22/2026	8. Wisconsin DFI Registration Number
9. Premises Address 303 S Main St			
10. City Fort Atkinson		11. State WI	12. Zip Code 53538
13. County 0 Jefferson		14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: Fort Atkinson	15. Aldermanic District
16. Premises Phone		17. Premises Email [REDACTED]	18. Website
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. <i>Gas the cooler and Back Room.</i>			
20. Mailing Address (if different from premises address)			
21. City		22. State	23. Zip Code

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. Yes No

If yes, list the details of violation below. Attach additional sheets if necessary.

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

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . . Yes No beverages.

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

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . . . Yes No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? Yes No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity	4b. Business Entity FEIN
-----------------------------	--------------------------

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. Yes No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? Yes No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? Yes No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

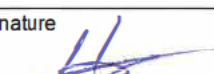
Last Name	First Name	Title	Phone
Campechano Pucheta	Hector	Partner	
Elizabeth Pucheta	Kayla	Partner	

Part D: Attestation

One of the following must sign and attest to this application:

- sole proprietor
- one general partner of a partnership
- one corporate officer
- one member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. 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.

Last Name Campechano Pucheta	First Name Hector	M.I.
Title Parnter	Email [REDACTED]	Phone
Signature 		Date 02/13/26

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Alcohol Beverage Individual Questionnaire

All individuals involved in the alcohol beverage business must complete this form, including:

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

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

Part A: Business Information	
1. Legal Business Name (Individual name if sole proprietor) Speedy 3 LLC	
2. Business Trade Name or DBA LOCATION 2 - 303 S MAIN ST FORT ATKINSON WI 53538-2240	
3. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	

Part B: Individual Information				
1. Last Name Campechano Pucheta		2. First Name Hector		3. M.I.
4. Relationship to Business (Title) Partner		5. Email [REDACTED]		6. Phone
7. Home Address [REDACTED]				
8. City [REDACTED]		9. State WI	10. Zip Code [REDACTED]	11. Date of Birth [REDACTED]
12. Drivers License/State ID Number [REDACTED]			13. Drivers License/State ID State of Issuance Wisconsin	

Part C: Address History								
1. Do you currently live in Wisconsin?							<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, provide the month and year when you permanently moved to Wisconsin							(MM/YYYY)	
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.								
Previous Address 1		City		State		Zip Code		
Previous Address 2		City		State		Zip Code		
Previous Address 3		City		State		Zip Code		
Previous Address 4		City		State		Zip Code		
Previous Address 5		City		State		Zip Code		
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.								
State	County	State	County	State	County	State	County	
State	County	State	County	State	County	State	County	

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related 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	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related 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 E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. 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 02/13/26

Form AB-101

Alcohol Beverage Appointment of Agent

Date 02/13/2026

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)
Speedy 3 LLC

2. Business Trade Name or DBA
LOCATION 2 - 303 S MAIN ST FORT ATKINSON WI 53538-2240

3. Entity Type (check one) Limited Liability Company Corporation Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one) 5. If successor agent, provide State Permit or Municipal Retail License Number
 Municipal Retail License State Permit 456-1032247803-02

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

Part B: Agent Information

1. Last Name 2. First Name 3. M.I.
Campechano Pucheta Hector

4. Email 5. Phone
[Redacted]

6. Home Address
[Redacted]

7. City 8. State 9. Zip Code 10. Date of Birth
[Redacted] WI [Redacted]

11. Drivers License/State ID Number 12. Drivers License/State ID State of Issuance
[Redacted] Wisconsin

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? Yes No
Submit proof of completion.

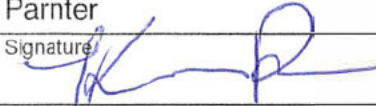
2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire* (licensee) or Form AB-300, *Alcohol Beverage Personal Questionnaire* (permittee)? Yes No

3. Have you been a Wisconsin resident for at least 90 continuous days? Yes No
See instructions for exceptions.

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 Elizabeth Pucheta		First Name Kayla	M.I.
Title Partner	Email [REDACTED]	Phone	
Signature 		Date 2/13/26	

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 Campechano Pucheta		First Name Hector	M.I.
Signature 		Date 02/13/26	

King Operating WI LLC
303 S Main St,
Fort Atkinson, WI 53538

February 24, 2026

City of Fort Atkinson,
City Council / Clerk's Office
Fort Atkinson, WI

Re: Surrender of Class A Liquor/Beer License #3/25-26
Location: 303 S Main St, Fort Atkinson, WI 53538

To Whom It May Concern,

This letter is to formally state that **King Operating WI LLC** will surrender **Class A**
~~Liquor/Beer License #3/25-26~~ for the property located at **303 S Main St, Fort Atkinson, WI**
53538, upon the **conditional granting of a liquor license to Speedy 3 LLC** by the Fort
Atkinson, City Council.

This surrender shall become effective **only after** the City Council approves the issuance of the
license to **Speedy 3 LLC**.

Please let us know if you require any additional documentation or information.

Thank you for your time and consideration.

Sincerely,

King Operating WI LLC

By: Adnan Maqbool
Adnan Maqbool
Authorized Signer
King Operating WI LLC

*Not 'Liquor'