

Bill # 3420

Form AB-101

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)
SPEEDWAY LLC

2. Business Trade Name or DBA
SPEEDWAY 2089 (46028)

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

6. Describe the reason for appointing a successor agent, if successor is checked above.
PRIOR STORE AGENT NO LONGER WITH THE COMPANY, NEW STORE AGENT APPOINTED

Part B: Agent Information

1. Last Name 2. First Name 3. M.I.
POWELL JAMES

4. Email 5. Phone
JAMES.POWELL@7-11.COM (262) 632-4950

6. Home Address
4134 27th St

7. City 8. State 9. Zip Code 10. Date of Birth
Kenosha WI 53144

11. Driver's License/State ID Number 12. Driver's License/State ID State of Issuance
P400 44384105 01 WI

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 →

Alcohol Beverage Individual Questionnaire

Date

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

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

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

Part A: Business Information				
1. Legal Business Name (individual name if sole proprietor) SPEEDWAY LLC				
2. Business Trade Name or DBA SPEEDWAY 2089 (46028)				
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 POWELL		2. First Name JAMES		3. M.I.
4. Relationship to Business (Title) AGENT		5. Email JAMES.POWELL@7-11.COM		6. Phone (262) 632-4950
7. Home Address 4134 27th St				
8. City Kenosha		9. State WI	10. Zip Code 53144	11. Date of Birth
12. Driver's License/State ID Number P400 4438 410501			13. Driver's License/State ID State of Issuance WI	

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 →

Date

Form
CTV-101

Cigarette, Tobacco, and Electronic Vaping Device - Individual Questionnaire

Part A: Business Information			
1. Legal Business Name (individual name if sole proprietor) SPEEDWAY LLC			
2. Business Trade Name or DBA SPEEDWAY 2089 (46028)			
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) POWELL	2. Name (First) JAMES	3. Name (M.I.)	
4. Relationship to Business (Title) AGENT	5. Email JAMES.POWELL@7-11.COM	6. Phone (262) 632-4950	
7. Home Address 4134 27th St			
8. City Kenosha	9. State WI	10. Zip Code 53144	11. Date of Birth
12. Drivers License/State ID Number P400 4438 4105 01		13. Drivers License/State ID State of Issuance WI	

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
State	County	State	County	State	County	State	County

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Cigarette, Tobacco, and Electronic Vaping Device Appointment of Agent

Date

Agent Type (check one): Original Change

Part A: Agent Information		
1. Last Name POWELL	2. First Name JAMES	3. M.I.
4. Email JAMES.POWELL@7-11.COM		5. Phone (262) 632-4950
6. Home Address 4134 27th St		
7. City Kenosha		8. State WI
		9. Zip Code 53144
10. Date of Birth 3/25/1984	11. Drivers License/State ID Number P400 4438 4105 01	12. Drivers License/State ID State of Issuance WI

Part B: Questions	
1. Have you completed Form CTV-101, <i>Cigarette, Tobacco, and Electronic Vaping Device - Individual Questionnaire</i> ? Submit a completed Form CTV-101 with this form. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
2. If this is a change of agent, please describe the reason for the agent change. Attach additional sheets if necessary. PRIOR AGENT NO LONGER WITH COMPANY, NEW AGENT ASSIGNED	

Part C: Business Information		
1. Legal Business Name (individual name if sole proprietor) SPEEDWAY LLC		
2. Business Trade Name or DBA SPEEDWAY 2089 (46028)		
3. Entity Type (check one) <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation		
4. Premises Address 4620 WASHINGTON AVENUE		
5. City RACINE		6. State WI
		7. Zip Code 53405

Part D: Attestations	
<p>READ CAREFULLY BEFORE SIGNING: I, the Licensee or Permittee, authorize the above-named individual to act for the above-named corporation or limited liability company with full authority and control of the premises and of all business relative to cigarettes, tobacco products, and/or electronic vaping devices conducted therein. I certify that I am authorized by the 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.</p>	
Signature of Licensee or Permittee (officer, member, or authorized signatory)	Date 05/13/2026
Name of Person Signing DAVID SELTZER	Title PRESIDENT
<p>READ CAREFULLY BEFORE SIGNING: I, the Agent, hereby accept this appointment as agent for the above-named corporation or limited liability company and assume full responsibility for the conduct of all business relative to sales of cigarettes, tobacco products, and/or electronic vaping devices conducted 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 form, and that any person who knowingly provides materially false information on this form may be required to forfeit not more than \$1,000 if convicted.</p>	
Signature of Agent	Date 05/13/2026



My Learning History

eLearning

Wisconsin Responsible Beverage Server Training

① Status Completed

📅 Completed 01/10/2024 12:35 pm CST

① History

Enroll

Details History

Modified By: SYSTEM Modified Date: 05/02/2026 12:41 am CDT Status: Completed Completed Date: 01/10/2024 12:35 pm CST

Categories

Compliance

Store Operations

Terms of Use

DRIVER LICENSE
REGULAR

USA
WISCONSIN

40 P400-4438-4105-01
1 POWELL
2 JAMES CRISTOPHER

9 CLASS D



5 4016 60TH ST
KENOSHA, WI 53144



15 SEX M 16 HGT 5'-09"
17 WGT 250 lb 18 EYES BLU
19 HAIR BLD 4a ISS 03/20/2019
3 DOB 03/25/1984 4b EXP 03/25/2027
9a END NONE 5 DD OTHUW201903201908537

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