

Bill IF 2258

20183795-1

Form
AB-100Alcohol 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 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) Speedway Inc			
2. Business Trade Name or DBA Speedway 4451			
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 Fortier		2. First Name Todd		3. M.I.
4. Relationship to Business (Title) Agent		5. Email Todd.Fortier@7-11.Com		6. Phone 292.930.8334
7. Home Address 5300 Biscayne Ave.				
8. City Racine		9. State WI	10. Zip Code 53406	11. Date of Birth
12. Drivers License/State ID Number F6368126436502			13. Drivers License/State ID State of issuance Wis	

Part C: Address History

1. Do you currently reside in Wisconsin? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?			
Years 30 + yrs		Months	
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
Na			
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
Brookings.	South dakota	WI	Racine
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 type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input 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

T 9/11/25 [Aug 5, 2025 11:53 31 CDT]

Date

8/5/25

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 4451

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.

Previous Agent has been assigned to another store location

Part B: Agent Information

1. Last Name

Fortier

2. First Name

Todd

3. M.I.

4. Email

Todd.Fortier@7-11.com

5. Phone

298.930.8336

6. Home Address

5300 Biscayne Ave

7. City

Racine

8. State

WI

9. Zip Code

53406

10. Age

11. Drivers License/State ID Number

F6368126436502

12. Drivers License/State ID State of Issuance

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? ☒ Yes ☐ No
Submit a completed Form AB-100 with this form.

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 Seltzer	First Name David	M.I. L
Title President	Email electronicrenewals@7-11.com	Phone 292-930-8336
Signature 		Date 8/5/25

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 Fortier	First Name Todd	M.I.
Signature 		Date 8/5/25

Todd Fortier (Aug 5, 2025 11:53:31 CDT)



City of Racine, Wisconsin

Office of the Racine City Clerk

730 Washington Avenue, Room 103
Racine, WI 53403

For the period from: 07/01/2025 to 06/30/2027.

City of Racine, State of Wisconsin

OPERATOR'S LICENSE

(Bartender's License)

License No.: 4081

Whereas, the local governing body of the City of Racine, County of Racine, Wisconsin, has, upon application duly made, granted and authorized the issuance of an Operator's License to:

FORTIER, TODD
5300 BISCAYNE AVE
RACINE, WI 53406

And Whereas, said applicant has paid to the Treasurer the sum of \$90.00, as required by local ordinances and has complied with all requirements necessary for obtaining a license;

Now Therefore, an Operator's License, pursuant to Chapter 125 of the Wisconsin Statutes, and local ordinances, is hereby issued to said applicant.

Whereas, this license is subject to all resolutions, ordinances, regulations, and provisions as may be at any time imposed by the local governing body or any laws of the State of Wisconsin, and is subject to revocation as provided by law.



Given under my hand and the corporate seal of the City of Racine,
County of Racine, on this date: 07/01/2025.

Tara

Tara McMenamin, City Clerk / Treasury Manager

CUT, FOLD, AND KEEP THE LICENSE BELOW WITH YOU. THIS LICENSE CAN BE LAMINATED.



For the period from: 07/01/2025 to 06/30/2027.

City of Racine, State of Wisconsin

License No.: 4081

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Given under my hand and the corporate
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Tara

Tara McMenamin
City Clerk/Treasury Manager



325-2548
Fee: \$250.00 (Full time) •
\$150.00 (Temp)
\$50.00 (Pop-Up Temp)

CITY OF RACINE - DEPARTMENT OF CUSTOMER SERVICE
730 WASHINGTON AVE • ROOM 103 • RACINE WI 53403 • (262) 636-9171

APPLICATION FOR OCCUPANCY

NAME OF BUSINESS Speedway LLC

BUSINESS TRADE NAME Speedway 4451

BUSINESS ADDRESS 2110 S. Greenbay Rd.

HOURS OF OPERATION 24 hours ^{open}

NUMBER OF EMPLOYEES 6-8

TYPE OF BUSINESS THE LOCATION WAS AND WHAT IS YOU ARE APPLYING FOR

Gas Station / Convenience Store

ADDITIONAL COMMENTS _____

APPLICANT'S NAME David L. Seltzer

ADDRESS 730 Ashleigh Lane, Southlake, TX 76092

PHONE & EMAIL electronicrenewals@7-11.com 972-828-1888

PROPERTY OWNER'S NAME Speedway LLC

ADDRESS 3200 Hickberry Rd. Irving TX 75062

PHONE & EMAIL 972-828-1888 electronicrenewals@7-11.com

SIGNATURE OF APPLICANT [Signature]

SIGNATURE OF OWNER _____