

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: 04/21/2021 ending: 06/30/2021
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: Town of }
 Village of } West Allis
 City of }

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

Check one: Individual Limited Liability Company
 Partnership Corporation/Nonprofit Organization

TYPE OF LICENSE REQUESTED	FEE
<input checked="" type="checkbox"/> Class A beer	\$
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input checked="" type="checkbox"/> Class A liquor	\$ 400
<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	\$ 15
TOTAL FEE	\$ 415

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)
SKOGEN'S FOODLINER, INC

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 full name and place of residence of each person.

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
SKOGEN	MARK	DAVID	1650 HAWTHORNE HEIGHTS DR DE PERE 54116
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
STOA	KIRK	ALLAN	N6818 JO JOHNSON RD HOLMEN 54636
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
STOA	KIRK	ALLAN	N6818 JO JOHNSON RD HOLMEN 54636
Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
KAEHNE	KYLE	ROBERT	510 EVERGREEN TERR KEWASKUM, WI 53404
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name FESTIVAL FOODS Business Phone Number _____

2. Address of Premises 11111 W. GREENFIELD AVE. WEST Post Office & Zip Code WEST ALLIS 53214

3. 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.)

73,766 SQ FT STORE INCLUDING DESIGNATED PARKING STALLS FOR CLICK N GO
PICK UP. MAPS INCLUDED.


4. Legal description (omit if street address is given above): _____

5. (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? _____

6. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? **If yes, explain** Yes No
7. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? Yes No **If yes, explain.**
8. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? **If yes, explain** Yes No
9. (a) **Corporate/limited liability company applicants only:** Insert state WI and date 10/07/99 of registration.
- (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? **If yes, explain** 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? **If yes, explain.** Yes No
FESTIVAL LOCATIONS THROUGHOUT WISCONSIN
10. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [phone 1-877-882-3277] Yes No
11. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] Yes No
12. 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 signer. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000. Signer agrees 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, or one member of a partnership applicant must sign; one corporate officer, one member/manager 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.

Contact Person's Name (Last, First, M.I.) Skogen, Mark David	Title/Member CEO/President	Date
Signature 	Phone Number 920-964-3400	Email Address

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>1-12-21</u>	Date reported to council / board <u>2-2-21</u>	Date provisional license issued	Signature of Clerk / Deputy Clerk 
Date license granted	Date license issued	License number issued	

Schedule for Appointment of Agent by Corporation / Nonprofit Organization or Limited Liability Company

Submit to municipal clerk.

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by an officer of the corporation/organization or one member/manager of a limited liability company and the recommendation made by the proper local official.

To the governing body of: Town Village of West Allis County of Milwaukee
 City

The undersigned duly authorized officer/member/manager of Skogen's Foodliner, Inc.
(Registered Name of Corporation / Organization or Limited Liability Company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as Festival Foods

located at 11111 W. Greenfield Ave West Allis, WI 53214
(Trade Name)

appoints Kyle Robert Kaehne
(Name of Appointed Agent)
510 Evergreen Terr. Kewaskum WI 53040
(Home Address of Appointed Agent)

to act for the corporation/organization/limited liability company with full authority and control of the premises and of all business relative to alcohol beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation/organization/limited liability company having or applying for a beer and/or liquor license for any other location in Wisconsin?

Yes No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).
Festival Foods - Sheboygan location

Is applicant agent subject to completion of the responsible beverage server training course? Yes No

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 37 years

Place of residence last year 510 Evergreen Terr Kewaskum, WI

For: Skogen's Foodliner, Inc.
(Name of Corporation / Organization / Limited Liability Company)

By: *Mark Skogen*
(Signature of Officer / Member / Manager)

Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than \$1,000.

ACCEPTANCE BY AGENT

I, Kyle R. Kaehne, hereby accept this appointment as agent for the
(Print / Type Agent's Name)

corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company.

Kyle R. Kaehne 12-30-2020
(Signature of Agent) (Date)
510 Evergreen Terr. Kewaskum WI 53040
(Home Address of Agent)

APPROVAL OF AGENT BY MUNICIPAL AUTHORITY (Clerk cannot sign on behalf of Municipal Official)

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, the character, record and reputation are satisfactory and I have no objection to the agent appointed.

Approved on _____ by _____ Title _____
(Date) (Signature of Proper Local Official) (Town Chair, Village President, Police Chief)

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Kaehne		Kyle		Robert	
Home Address (street/route)	Post Office	City	State	Zip Code	
510 Evergreen Terr.	Kewaskum	Kewaskum	Wi	53040	
Home Phone Number			Place of Birth		
9205393226			Fond du Lac		

The above named individual provides the following information as a person who is (check one):

- Applying for an alcohol beverage license as an **individual**.
- A member of a **partnership** which is making application for an alcohol beverage license.
- _____ of _____
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)
- which is making application for an alcohol beverage license.

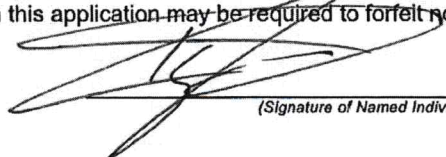
The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? 37 years
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
 If yes, describe status of charges pending. _____
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
 If yes, identify. _____
(Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
 If yes, identify. _____
(Name of Wholesale Licensee or Permittee) (Address By City and County)

6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
Roundy's	Milwaukee	12/10/2004	04/20/2011
Piggly Wiggly MEP	West Bend	06/15/1999	09/15/2004

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.



(Signature of Named Individual)

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
SKOGEN		MARK		DAVID	
Home Address (street/route)		Post Office	City	State	Zip Code
1650 HAWTHORNE HEIGHTS DR			DE PERE	WI	54115
Home Phone Number			Place of Birth		
920-309-2200			LA CROSSE WI		

The above named individual provides the following information as a person who is (check one):

- Applying for an alcohol beverage license as an **individual**.
- A member of a **partnership** which is making application for an alcohol beverage license.
- OFFICER** of SKOGENS FOODLINER, INC
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

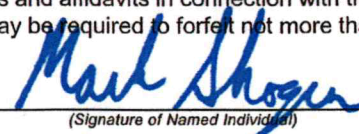
The above named individual provides the following information to the licensing authority:

1. How long have you continuously resided in Wisconsin prior to this date? 51 YEARS
2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
 If yes, describe status of charges pending.
4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
 If yes, identify. (Name, Location and Type of License/Permit)
5. Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
 If yes, identify. (Name of Wholesale Licensee or Permittee) (Address By City and County)

6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
SKOGEN'S/FESTIVAL	3800 EMERALD DRIVE E, ONALA		
Employer's Name	Employer's Address	Employed From	To
	FAMILY OWNED BUSINESS 1946		

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.


(Signature of Named Individual)

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
STOA		KIRK		ALLAN	
Home Address (street/route)		Post Office	City	State	Zip Code
N6818 JO JOHNSON ROAD			HOLMEN	WI	54636
Home Phone Number			Place of Birth		
608-738-3499			MINNEAPOLIS, MN		

The above named individual provides the following information as a person who is (check one):

- Applying for an alcohol beverage license as an **individual**.
- A member of a **partnership** which is making application for an alcohol beverage license.
- OFFICER** _____ of SKOGEN'S FOODLINER, INC
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.


The above named individual provides the following information to the licensing authority:

1. How long have you continuously resided in Wisconsin prior to this date? 12 YEARS
2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
 If yes, describe status of charges pending.
4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
 If yes, identify. _____
(Name, Location and Type of License/Permit)
5. Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
 If yes, identify. _____
(Name of Wholesale Licensee or Permittee) (Address By City and County)

6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
SELECT COMFORT	6105 TRENTON LN PLYMOUTH		
Employer's Name	Employer's Address	Employed From	To
THE PILLSBURY CO	1 GENERAL MILL BLVD MSP		

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.



(Signature of Named Individual)



FLOOR PLAN

-NEW APPLICANTS ONLY-

Name of Business SKOGEN'S FOODLINER, INC
(Name of Individual, Partners, Corporation or LLC)

Address of Licensed Premises 11111 W. GREENFIELD AVE. WEST ALLIS, WI 53214

Trade Name FESTIVAL FOODS

Instructions: In any application for an alcohol beverage retail establishment license, excepting special Class B Beer and Wine Licenses, the applicant shall file a detailed floor plan on an 8 ½ inch by 11 inch sized sheet of paper for each floor of the licensed premises. The floor plan shall include:

1. Provide a written detailed description indicating the portion of the 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).
2. Area in square feet and dimensions of the licensed premises.
3. Locations of all entrances and exits to the premises together with a description of how patrons will enter the premises, the proposed location of the waiting line, and the location where security searches or identification verification will occur.
4. Locations of all seating areas, bars, and, if applicable, food preparation areas.
5. Locations and dimensions of any alcohol beverage storage and display areas.
6. Locations and dimensions of any outdoor areas available at the premises for the sale, service or consumption of alcohol beverages.
7. North point
8. Date
9. Any other reasonable and pertinent information the License and Health Committee may require either for all applicants or in a particular case.

17. Will searches or identification verification be conducted? No Yes, describe where:

Associates will verify identification to ensure alcohol, tobacco, and lottery sales compliance. Some visitor identification will be requested for vendors requesting access to high-security spaces, such as Bookkeeping and IT rooms.

LITTER AND NOISE (attach additional sheets as necessary):

18. Description of designated smoking area(s). *(To be completed by Class B and C licensees only.)*:

19. Identify the solid waste contractor hired by the applicant:

To be determined

20. The number and location of exterior and interior trash receptacles.

Interior: There will be many trash and recycling bins throughout the store. +

Exterior: There will be (1) 30 yard self-contained trash compactor and one 8 yard stationary bin for single stream recycling. Locations to be determined. There will be at least 2 trash receptacles and recycling bins near the front entrance/exit of the building

21. How will the exterior trash/littering be addressed?: We take pride in a clean store, so much so that it is in our company mission statement. Our associates routinely pick up trash and debris in our parking lots while returning shopping carts to the store entrance. We offer several convenient, labeled bin solutions for trash and recycling near our store entrance and exit areas to ensure there is adequate and appropriate disposal options for our patrons. These bins are routinely emptied by store associates to maintain tidiness.

22. How will the noise issues be address?

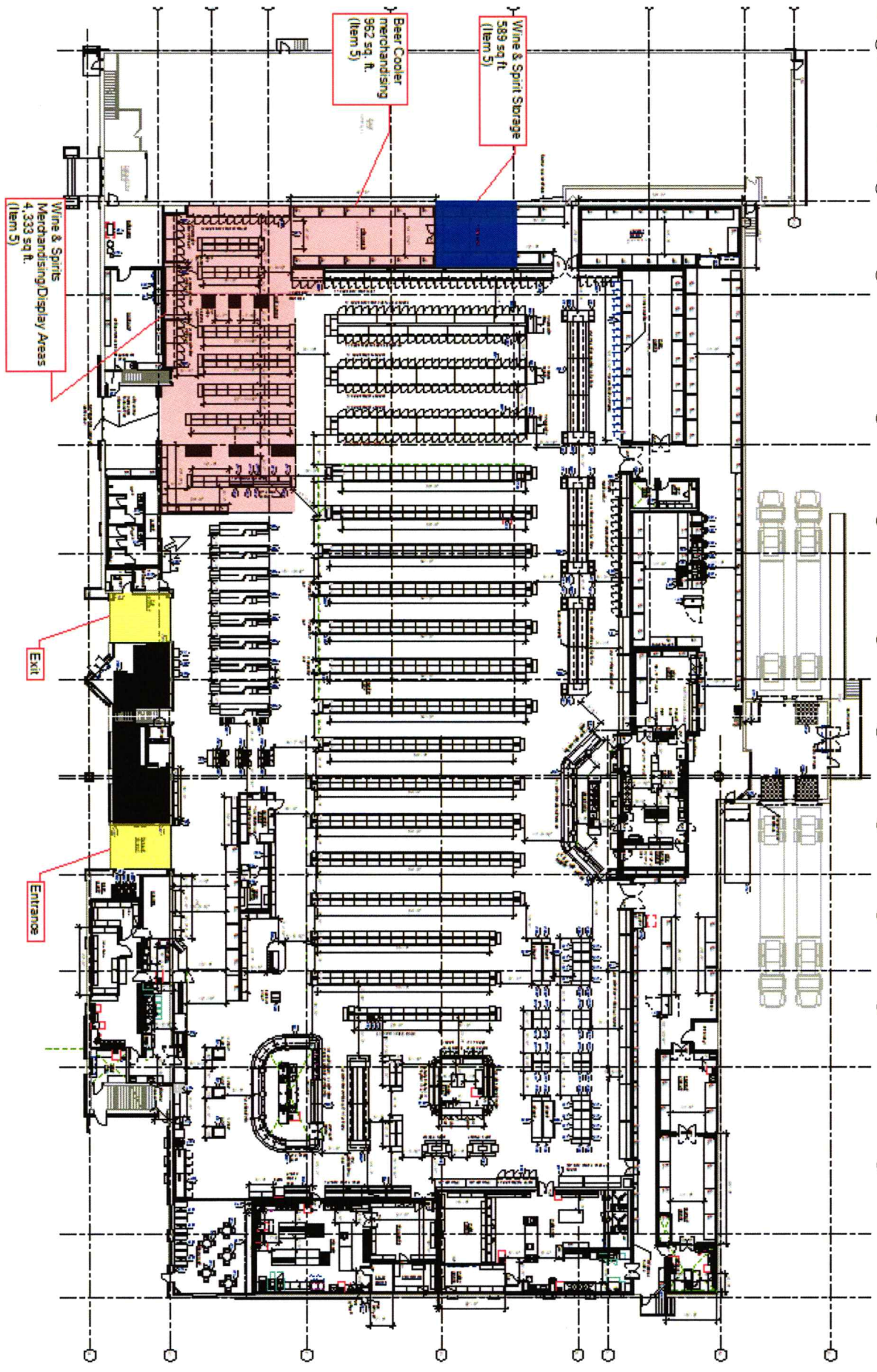
N/A

Our Wine & Spirits department, where alcohol will be available for purchase between 8 am - 9 pm daily, is located in the southeast corner of the store (shaded in red). The total square footage of the Wine & Spirits department is 5,295 sq. ft. Guests may purchase alcoholic beverages from the 4,333 sq. ft. sales floor or the 982 sq. ft. in the Walk-In Beer Cooler.

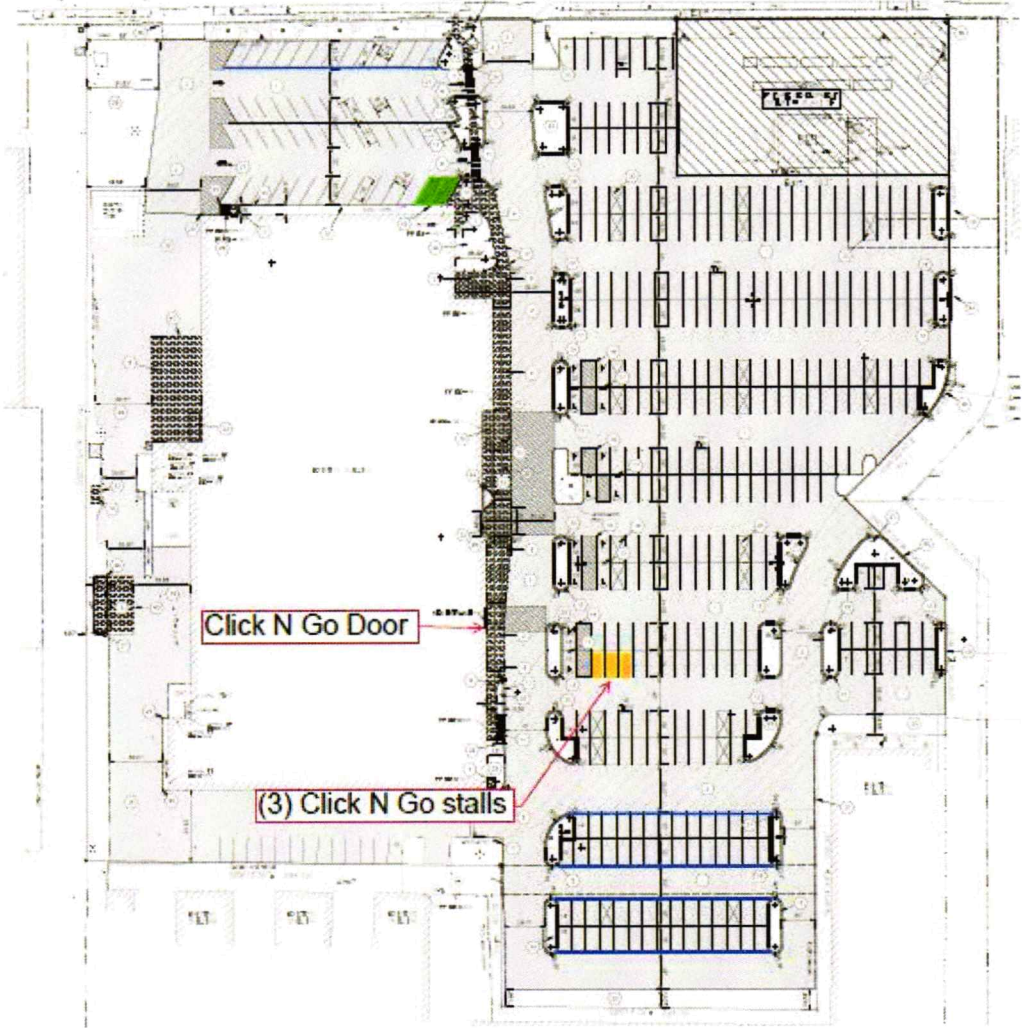
The blue shaded region represents the Wine & Spirits storage area that is only accessible to Festival Foods associates and Wine & Spirits vendors - 589 sq. ft. Festival Foods guests will be prohibited from this space.

The yellow areas represent the Store Entrances and Exits.

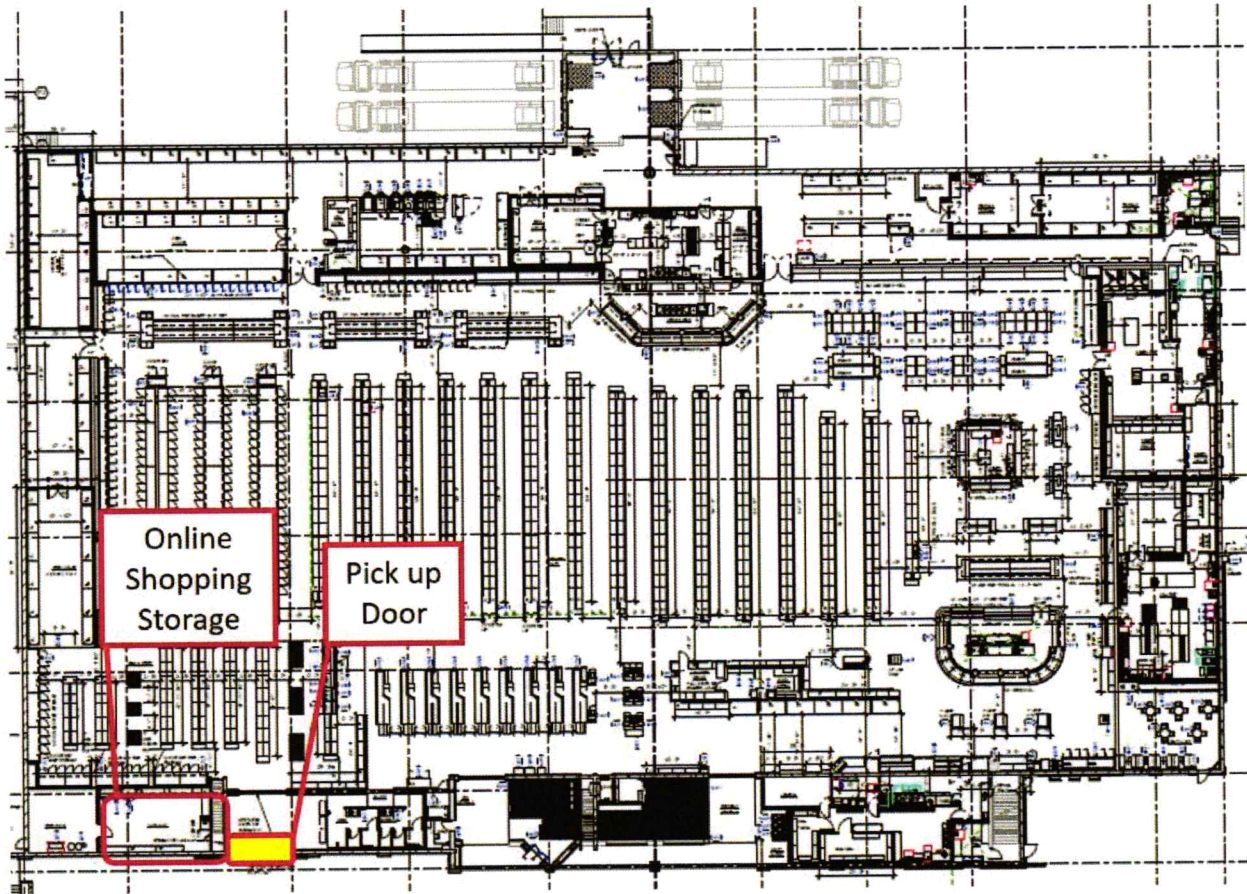
Total Area: 72,360 sq ft
Sales Floor Area: 46,900 sq ft
Wine & Spirits Area: 5,295 sq ft



Festival Foods West Allis Online Shopping (Click N Go)



Festival Foods West Allis Online Shopping (Click N Go)



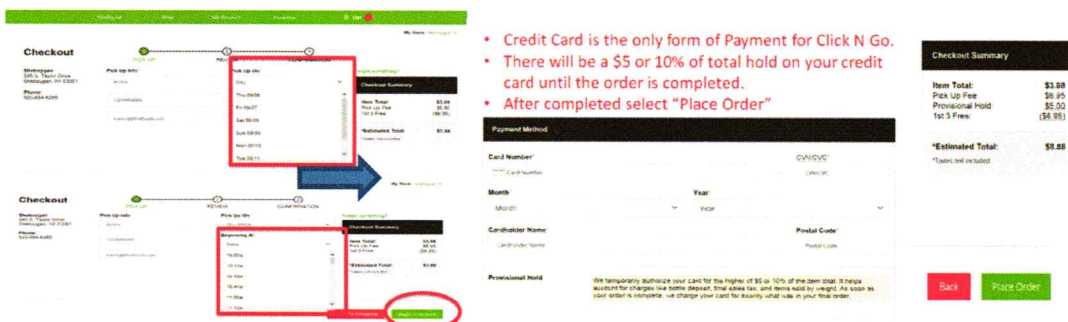
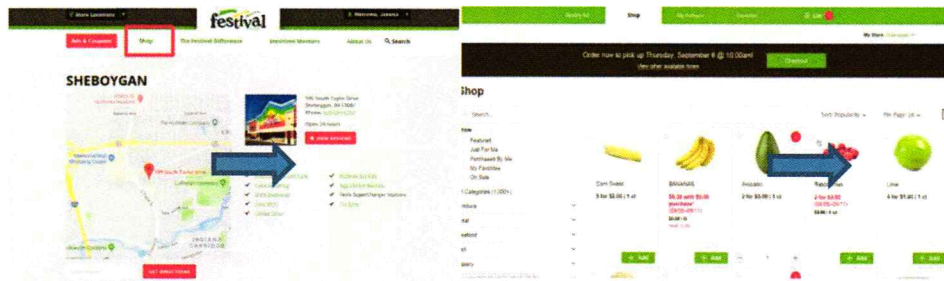
Compliance & Ethics

Online Grocery Pickup (Click N Go)

Procedure Guide

Placing Order

- Customer visits festfoods.com and creates an account by providing applicable information such as phone #, zip code, email address, etc.
- The customer will be able to select the store of their choice from our 33 options currently in Wisconsin. Not all locations are providing this service at this time.
- Customer will be able to shop for goods at their desired location.
- Customer will be able to select a pick up timeframe no less than four (4) hours from the time of placing the order.
- No orders containing alcohol will be accepted after 4:00 p.m. for same day pick up.
- Customer completes the order by supplying their credit card information.
- Festival Foods authorizes and holds the card information, but funds are not transferred from the card.

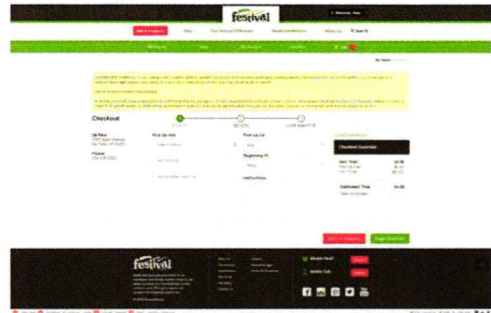


- Where allowed by state and local law, customers can include alcoholic beverage products in their online grocery order through festfoods.com
- Orders containing alcohol will be flagged with notification explaining the restrictions around purchasing this product.
- The following verbiage will be included on all orders during checkout.

GOVERNMENT WARNING: (1) According to the Surgeon General, women should not drink alcoholic beverages during pregnancy because of the risk of birth defects. (2) Consumption of alcoholic beverages impairs your ability to drive a car or operate machinery, and may cause health problems.

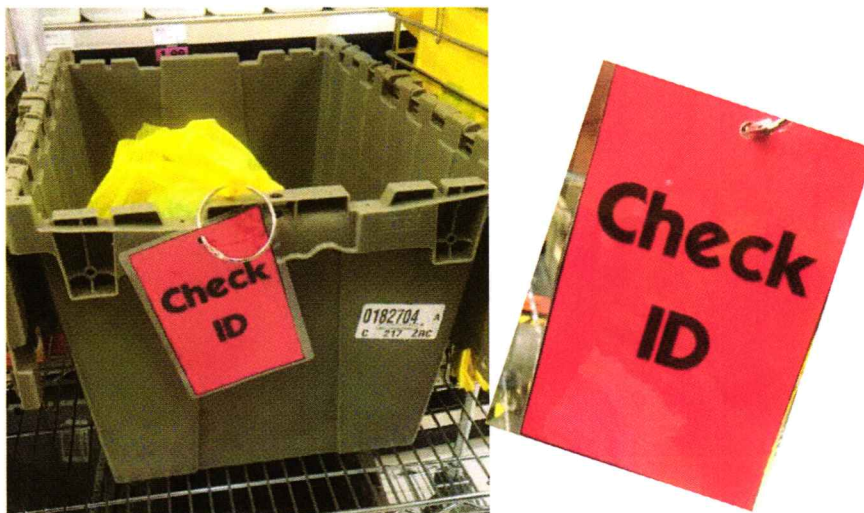
Sale of alcohol to minors is prohibited.

At pickup, you must show a valid photo ID confirming that you are age 21 or over. Accepted forms of ID are: Driver's License, State-issued Identification Card, U.S. Passport, Military ID Card, or Tribal ID in specific states, or other similar government issued ID's that are recognized within the state. No discounts, coupons, or tax-exempt sales may be applied to alcohol.



Picking/Staging

- On the day a customer is scheduled to pick up an order, a Festival Foods associate, identified as an "Online Shopper", will "shop" for the customer order in the store.
- All shopping is completed on the pickup day to ensure the customer receives the freshest products.
- If a customer's order contains alcohol product, it will be flagged with a "Check ID" sign prompting the Online Shopper to ask for and verify a valid form of identification from the guest at the time of pickup.



- This sign will enable our online shoppers to clearly identify items subject to additional regulatory restrictions.
- All picked orders are kept in a secure backroom staging area, not open to the public, where only Festival Foods employees are permitted to enter.



Customer Pickup: Order Review

- When the customer arrives they will park in a clearly defined parking stall under video surveillance (video kept 30 days) within 150 ft. of the pickup door. They will then notify our online shopper of their arrival by calling or texting their name to our online shopper's cell phone.
- Online Grocery Pickup (Click N Go) is currently offered between the hours of 8:00 a.m. – 8:00 p.m., seven (7) days a week (except holidays or other store closures).
- If alcohol is not allowed to be sold at the time of dispense, the item will be removed from the transaction and the physical product will be removed from the cart before completing the transaction.
- Online shoppers must meet age requirements and possess any required licenses within the regulatory jurisdiction to be allowed to handle and/or dispense orders with alcoholic beverage products.
- Sale will only to be made by licensed operator.
- Licensed operator verifies the person placing the order is the same person picking the order up.
- Licensed operator verifies the age of the customer through a visual inspection of their ID as well as by scanning the ID using the "Bar & Club Stats ID Scanner" application.
- If the customer picking up the order containing alcoholic beverages is intoxicated, a manager will be called to the pick-up location to determine the sobriety for purposes of approving or denying the sale. If the customer is deemed to be intoxicated the item will be removed from the transaction and the physical product will be removed from the cart.
- If the customer is under 21 and/or cannot provide a valid ID, the alcohol beverage products will be removed from the transaction and the physical product will be removed from the cart.
- If over 21, the customer's order will be charged accordingly and the item will be placed into the customer's vehicle by our online shopper.

Customer Pickup: Dispensing

- Once the customer and online shopper have:
 - Reviewed any substituted items, fragile items, and out of stock items
 - Removed any rejected products that the customer no longer wants
 - Verified the customer's age and identification if the order contained any age restricted items (and if necessary, removed age restricted items)
- The customer is then charged for the items and the customer's account is charged with the final order amount (after removing the cost of any products removed from the order)
- The online shopper places the final order into the customer's vehicle, and the transaction is considered complete.

