

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: 07012019 ending: 06302020
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: Town of }
 Village of } APPLETON
 City of }

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

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

Applicant's Wisconsin Seller's Permit Number ●●●●●●●●●●●●●●●●●●●●	
FEIN Number ●●●●●●●●●●●●●●●●●●●●	
TYPE OF LICENSE REQUESTED	FEE
<input checked="" type="checkbox"/> Class A beer	\$ <u>200</u>
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input checked="" type="checkbox"/> Class A liquor	\$ <u>300</u>
<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>60 + 28</u>
TOTAL FEE	\$ <u>588</u>

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)
FAMILY DOLLAR STORES OF WISCONSIN, LLC

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)
MCCAFFETY	LONNIE	WAYNE	313 CAWDOR CROSSING, CHESAPEAKE, VA 23322
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)
OLD, JR.	WILLIAM	ABNER	111-B 84TH STREET, VIRGINIA BEACH, VA 23451
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
LOFTIS-BOSCIA (ASST. SEC.)	SANDRA	DAWN	127 MEADOWBROOK RD., CHARLOTTE, NC 28211
Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
NIGBOR	JOSHUA	DALE	301 UNION STREET, RIPON, WI 54971
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

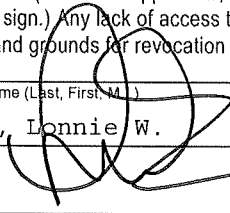
1. Trade Name FAMILY DOLLAR #23800 Business Phone Number (920) 731-0919
 2. Address of Premises 808 W. WISCONSIN AVE, APPLETON, WI Post Office & Zip Code 54914

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.)
FAMILY DOLLAR OCCUPIES 8,877 SQUARE FEET OF THE MULTI-TENANT BUILDING
AT THE CORNER OF WISCONSIN AVENUE AND N. LOCUST STREET.

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

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
 YES, PER WISCONSIN PUBLICATION 309, AN AGENT OF A LIMITED LIABILITY COMPANY MUST HAVE COMPLETED A WISCONSIN APPROVED RESPONSIBLE BEVERAGE SERVER TRAINING COURSE IF THE PERSON IS RENEWING A LICENSE OR HAS NOT HELD A MANAGER'S OR OPERATOR'S LICENSE WITHIN THE PAST 2 YRS.
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
 THE APPLICANT'S PARENT: FAMILY DOLLAR, INC.
9. (a) **Corporate/limited liability company applicants only:** Insert state VIRGINIA and date 07/31/17 of registration.
- (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? **If yes, explain** Yes No
 FAMILY DOLLAR STORES OF WISCONSIN, LLC IS A SUBSIDIARY OF FAMILY DOLLAR, INC.
- (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
 FAMILY DOLLAR STORES OF WISCONSIN, LLC IS LICENSED OR IS APPLYING IN BALSAM LAKE, DE FOREST, GRANTSBURG, GREEN BAY, GREENWOOD, MARKESAN, MAYVILLE, MILWAUKEE, OSHKOSH, PARK FALLS, PEPIN, PHILLIPS, WAUSAUKEE AND WILD ROSE.
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.) McCaffety, Lonnie W.	Title/Member President	Date 7/26/2019
Signature 	Phone Number ●●●●-●●●●	Email Address ●●●●●●●●familydollar.com

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council / board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	



City of Appleton Liquor License Questionnaire

1. Name of Applicant: Family Dollar Stores of Wisconsin, LLC
2. Name of Business: Family Dollar #23800
3. Address of Business: 808 W. Wisconsin Ave., Appleton, WI 54914
4. Have you or any member of your organization ever been convicted of a misdemeanor or ordinance violation? Yes _____ No X
AND/OR been convicted of a felony? Yes _____ No X
If yes to either question, please explain in detail: _____
N/A

5. List all partners, shareholders or investors. Include full name, middle initial and date of birth. Please use additional sheets if necessary.

Lonnie	W.	McCaffety	● / ● / ●●
First name	Initial	Last name	Date of Birth
William	A.	Old, Jr.	● / ● / ●●
First name	Initial	Last name	Date of Birth
Sandra	D.	Loftis-Boscia	● / ● / ●●
First name	Initial	Last name	Date of Birth
First name	Initial	Last name	Date of Birth

6. Name of person/corporation you are buying the premises and equipment from?

Name: N/A -- Existing Family Dollar store

First name Initial Last name

Address: _____

City, State, Zip: _____

7. What was the previous name and nature of the business operating at this location?

N/A

8. Are alcohol sales an existing use in this building? Yes _____ No X
If no, When did the operation cease? N/A months ago.

9. Are alcohol sales a new use in this building? Yes X No _____
If yes, please contact the Community Development Department at 832-6468 to obtain a
Special Use Permit. **N/A: Special Use Permit is not required for retail alcohol sales.**

10. Is your primary business restaurant? Yes _____ No X

11. Seating capacity: Inside 0 Outside 0

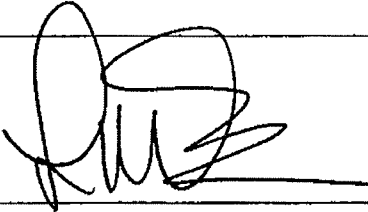
12. Operating hours: Sunday: 9:00 am to 9:00 pm; Monday to Saturday: 8:00 am to 9:00 pm

13. Number of floor personnel N/A Number of door checkers N/A

14. In general, state the size, design and type of the proposed establishment and the
operational details.

This is not a proposed establishment; rather, it is an existing Family Dollar store that opened in 2008.
Family Dollar is a retail dollar store that sells food and a variety of retail goods. The store occupies 8,877
square feet at the south end of a multi-tenant shopping center at the corner of Wisconsin Avenue and N.
Locust Street.

8/19/19
Date


Signature Lonnie Wayne McCaffety, President

Reasonable accommodations for persons with disabilities will be made upon request and if feasible.

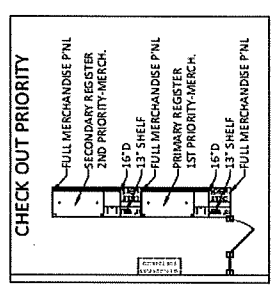
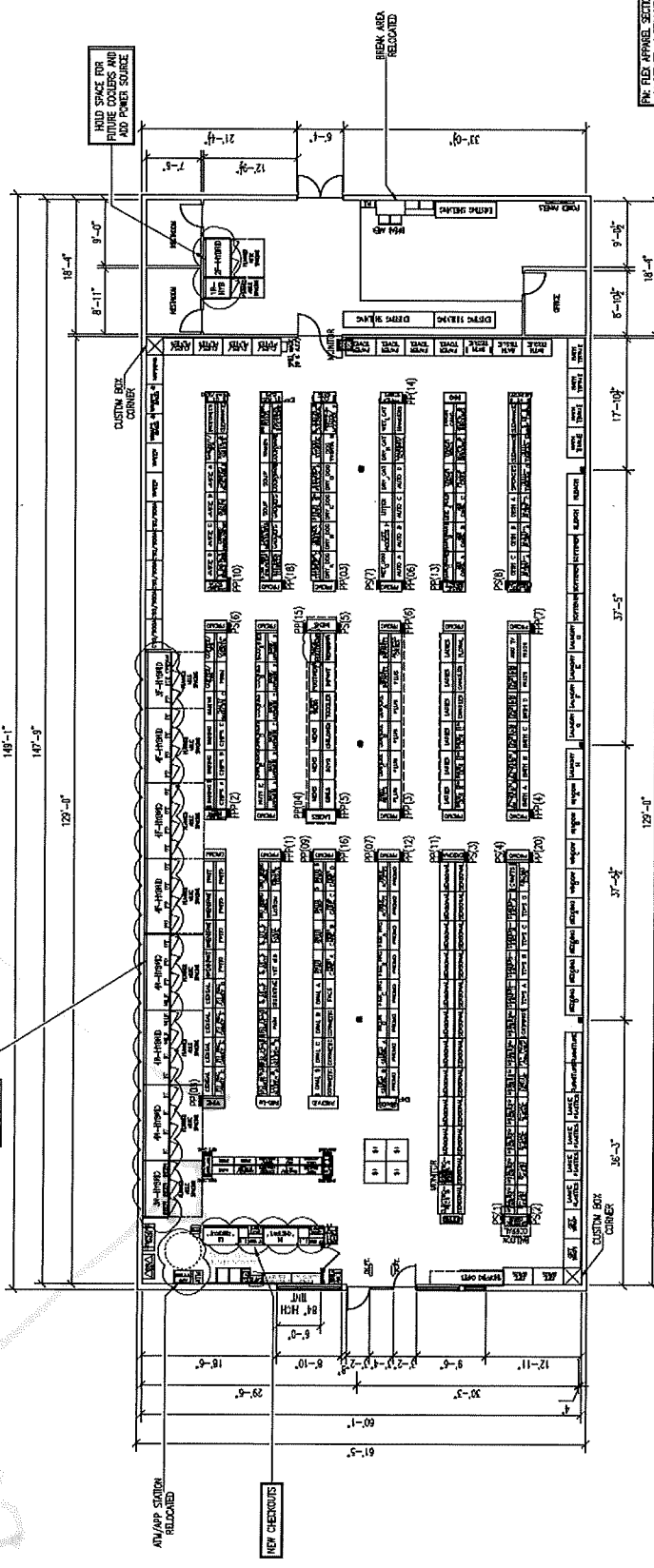
TRANSITIONING 7 BASIC POWER PANELS TO FASHION POWER PANELS

POWER PANEL LIST

PP (03)	RETS-ACCESSORIES
PP (04)	BELTS & WAISTS
PP (05)	LITTLE TRELLIS RESINER
PP (07)	BODY SPRAY
PP (08)	COYS
PP (09)	SPECIALTY BATH
PP (10)	PUZZLEBOOS
PP (11)	UP-CARE
PP (12)	WORKGIRLS
PP (13)	SEWING MACHINES
PP (14)	POSTCARD
PP (15)	BEA-UP CARE
PP (18)	PLACEMATS
PP (20)	BATTERIES
PPP (1-7)	FASHION
PS (1-3)	SEASONAL

Beef

wine



RF FILE APANEL SECTIONS IN BENECK CATEGORIES
 NOTE-SHIELD STORIES WILL RECEIVE MACHINE & DUBBIN PILE
 COOLERS ARE TO USE THE WALL DIE TO ELECTRICAL REQUIREMENTS
 BREAK AREA/ MGR OFFICE
 NEW 2.0" X 2.0" PANELS TO BE INSTALLED IN BREAK AREA & MGR OFFICE
 21" W X 21" D X 2" C O.C. PANELS

STORE WILL NOT RECEIVE FEEDA

STORE NUMBER	PROJECT NUMBER	LOCATION	FORMAT START DATE	TOTAL SALES SQ FT	USABLE SALES SQ FT	EXTERIOR SQ FT	INTERIOR SQ FT	AA CARE	AA CARE	AA	HISPANIC	CEILING HEIGHT	RISK CLASS	AGS	SECTION COUNT	DRAWN BY	PROJECT MANAGER	DATE
3300	XXXXXX	APPLETON, WI	URBAN H2	8,877	7,751	798	9,156	VERY LOW	VERY LOW	VERY LOW	VERY LOW	11'-5"	0	146	309	A.BUBACK	N/A	05/06/2019
23800															31EC			

MERCHANDISE PLAN
 SOME MERCH. DEPENDENT
 ANY QUESTIONS CONCERNING FIGURES AND/OR MARKINGS PLEASE CALL INDEPENDENT CONSULTANT

FAMILY DOLLAR
 1001 WISCONSIN ROAD | MATTHEWS, NC 27643
 CONFIDENTIAL - FAMILY DOLLAR USE ONLY
 THIS PLAN IS THE PROPERTY OF FAMILY DOLLAR INC. AND IS TO BE USED ONLY FOR THE PROJECT SPECIFICALLY IDENTIFIED TO MERCHANDISE PLAN

SEE WALL @ 2'-0" REF. GUS TO 7'-0" ABOVE RISE WALL

Tab to navigate within form. Use mouse to check appropriate boxes, press spacebar or press enter.

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 the officer(s) of the corporation/organization or members/managers of a limited liability company and the recommendation made by the proper local official.

To the governing body of: Town Village of APPLETON County of OUTAGAMIE City

The undersigned duly authorized officer(s)/members/managers of FAMILY DOLLAR STORES OF WISCONSIN, LLC
(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 FAMILY DOLLAR #23800
(trade name)

located at 808 W. WISCONSIN AVE., APPLETON, WI 54914

appoints Joshua Dale Nigbor
(name of appointed agent)
301 Union St Ripon WI 54971
(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).
Family Dollar 28813 (same LLC); 708 Lime Kiln Rd., Green Bay, WI

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? 25 years

Place of residence last year 301 Union St Ripon WI 54971

For: FAMILY DOLLAR STORES OF WISCONSIN, LLC
(name of corporation/organization/limited liability company)

By: [Signature]
(signature of Officer/Member/Manager)

And: _____
(signature of Officer/Member/Manager)

ACCEPTANCE BY AGENT

I, Joshua Dale Nigbor, 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.

[Signature] 7-11-19 Agent's age 33
(signature of agent) (date)
301 Union St Ripon WI 54971 Date of birth 08/08/80
(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)

Tab to navigate within form. Use mouse to check appropriate boxes, press spacebar or press enter.

#23800

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name) Nigbur		(first name) Joshua		(middle name) Daie	
Home Address (street/route) 301 Union St		Post Office	City Ripon	State WI	Zip Code 54971
Home Phone Number [REDACTED]		Age [REDACTED]	Date of Birth [REDACTED]	Place of Birth [REDACTED]	

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.
- AGENT** of **FAMILY DOLLAR STORES OF WISCONSIN, LLC**
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

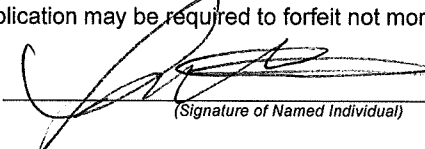
The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? 25 yrs
- 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. Family Dollar 28813, 708 Lime Kiln Rd Green Bay, WI
(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 FAMILY DOLLAR STORES	Employer's Address 500 VOLVO PKWY., CHESAPEAKE, VA 22320	Employed From April 2006	To Present
Employer's Name	Employer's Address	Employed From	To

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) Loftis - Boscia		(first name) SANDRA	(middle name) DAWN	
Home Address (street/route) 127 MEADOWBROOK ROAD		Post Office	City CHARLOTTE	State NC Zip Code 28211
Home Phone Number [REDACTED]		Age [REDACTED]	Date of Birth [REDACTED]	Place of Birth [REDACTED]

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.
- ASSISTANT SECRETARY** of **FAMILY DOLLAR STORES OF WISCONSIN, LLC**
(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? N/A
- 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. SEE ATTACHMENT.
(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 FAMILY DOLLAR	Employer's Address 10401 MONROE RD., MATTHEWS, N.C.	Employed From 08/2012	To Present
Employer's Name AXIOM LAW GROUP	Employer's Address 3455 PEACHTREE RD NE, ATLANTA, GA	Employed From 08/2011	To 08/2012

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)

Tab to navigate within form. Use mouse to check appropriate boxes, press spacebar or press enter.

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
OLD, JR.		WILLIAM		ABNER	
Home Address (street/route)		Post Office	City	State	Zip Code
111-B 84TH STREET			VIRGINIA BEACH	VA	23451
Home Phone Number		Age	Date of Birth		Place of Birth
●●●●●●●●		●	●●●●●●		●●●●●●●●

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.
- SECRETARY** of **FAMILY DOLLAR STORES OF WISCONSIN, LLC**
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

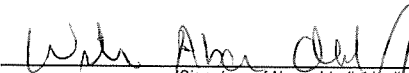
The above named individual provides the following information to the licensing authority:

1. How long have you continuously resided in Wisconsin prior to this date? N/A
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. SEE ATTACHMENT.
(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
DOLLAR TREE	500 VOLVO PKWY., CHESAPEAKE, VA	08/2013	Present
Employer's Name	Employer's Address	Employed From	To
WILLIAMS MULLEN	1800 DOMINION TOWER, NORFOLK, VA	●●	08/2013

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)

#23800

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name) McCaffety		(first name) Lonnie	(middle name) Wayne	
Home Address (street/route) 313 Cawdor Crossing		Post Office	City Chesapeake	State VA
			Zip Code 23322	
Home Phone Number ●●●●●●		Age ●	Date of Birth ●●●●	Place of Birth ●●●●●●

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.
- President** of Family Dollar Stores of Wisconsin, LLC
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

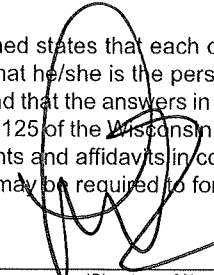
The above named individual provides the following information to the licensing authority:

1. How long have you continuously resided in Wisconsin prior to this date? N/A
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.)
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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. See Attachment.
(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 Family Dollar	Employer's Address 10401 Monroe Rd., Matthews, N.C.	Employed From 1/18/●●	To Present
Employer's Name	Employer's Address	Employed From	To

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)