

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	Appleton
License Period	24-25

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

- | | |
|--|--|
| <input checked="" type="checkbox"/> Class "A" Beer \$ <u>250</u> | <input type="checkbox"/> Class "B" Beer \$ _____ |
| <input checked="" type="checkbox"/> "Class A" Liquor \$ <u>450</u> | <input type="checkbox"/> "Class B" Liquor \$ _____ |
| <input type="checkbox"/> "Class A" Liquor (cider only) \$ _____ | <input type="checkbox"/> Reserve "Class B" Liquor \$ _____ |
| <input type="checkbox"/> "Class C" Liquor (wine only) \$ _____ | |

Fees	
License Fees	\$ <u>700</u>
Background Check Fee	\$ <u>7</u>
Publication Fee	\$ <u>20</u>
Total Fees	\$ <u>727</u>

+ \$100 Cigarettes

Part A: Premises/Business Information			
1. Legal Business Name (individual name if sole proprietorship)		WALGREEN CO	
2. Business Trade Name or DBA		WALGREENS #12693	
3. FEIN		4. Wisconsin Seller's Permit Number 004-0000455404-01	
5. Entity Type (check one)			
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization			
6. State of Organization		7. Date of Organization	8. Wisconsin DFI Registration Number
ILLINOIS		02/15/1909	WALLES85
9. Premises Address			
729 W NORTHLAND AVE			
10. City		11. State	12. Zip Code
Appleton		WI	54914-1426
13. County		14. Governing Municipality:	15. Aldermanic District
Outagamie		<input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: <u>Appleton</u>	
16. Premises Phone		17. Premises Email	18. Website
(920) 954-8100		mgr.12693@store.walgreens.com	WWW.WALGREENS.COM
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.			
Retail drug store with sundries in a one-story building of 12,926 sq ft *see attached sheet			
20. Mailing Address (if different from premises address)			
PO BOX 901			
21. City		22. State	23. Zip Code
DEERFIELD		IL	60015

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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 type="checkbox"/> No	
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input 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 WALGREENS BOOTS ALLIANCE INC	4b. Business Entity FFIN
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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
SEE ATTACHED RIDERS			

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 BROWN	First Name BRIAN	M.I. R
Title VICE PRESIDENT AND TREASURER	Email	Phone
Signature <i>B. B. Brown</i>	Date 4-30-24	

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 Appointment of Agent

Date 4-4-2024

Agent Type <i>(check one)</i>	
<input type="checkbox"/> Original (no fee)	<input checked="" type="checkbox"/> Successor (\$10 fee for municipal licensees only)

Part A: Business Information	
1. Legal Business Name (individual name if sole proprietor) WALGREEN CO	
2. Business Trade Name or DBA WALGREENS #12693	
3. Entity Type <i>(check one)</i> <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	
4. Alcohol Beverage Business Authorization <i>(check one)</i> <input checked="" type="checkbox"/> Municipal Retail License <input type="checkbox"/> 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.	


Part B: Agent Information			
1. Last Name <u>Krueger</u>	2. First Name <u>Andrew</u>	3. M.I. <u>S</u>	
4. Email		5. Phone	
6. Home Address <u>836. E. John St.</u>			
7. City <u>Appleton</u>	8. State <u>WI</u>	9. Zip Code <u>54911</u>	10. Age
11. Drivers License/State ID Number		12. Drivers License/State ID State of Issuance	

Part C: Agent Questions	
1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire? Submit a completed Form AB-100 with this form.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you been a Wisconsin resident for at least 90 continuous days? See instructions for exceptions.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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 BROWN	First Name BRIAN	M.I. R
Title VICE PRESIDENT AND TREASURER	Email	Phone
Signature 	Date 4-30-24	

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 Kneyer	First Name Andrew	M.I. S
Signature 	Date 4-4-2024	