

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol beverages. Yes No
 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 wholesaler? Yes No
 If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. Yes No
 5. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? Yes No
 6. Does the applicant business owe past due municipal property taxes, assessments, or other fees? Yes No

Part C: Individual Information

Check each box to attest that you have provided the appropriate supplementary information to complete your application. See the instructions for Part C of this application, beginning on page 2, to complete this section.


- I have accurately listed and provided contact and personal information for all required persons involved in the applicant business and any business identified in Part A, Question 6 using Form AB-200AA.
- I have provided an accurate Form AB-100 for each person listed in Form AB-200AA.
- (For corporations, limited liability companies, and nonprofit organizations only) I have provided an accurate Form AB-101 to appoint an agent on behalf of my business.
- I understand that my application is not complete until this supplementary paperwork is received by the municipal clerk where I am applying for an alcohol beverage license.

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 Handal	First Name Michael	M.I. G
Title Licensing and Provider Enrollment Officer	Email taxlicenserenewals@walgreens.com	Phone 847-527-2119
Signature 		Date 5/12/20

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 License Application
Appendix A - List of Persons Involved in the Applicant Business

Application Type (check one)	
<input type="checkbox"/> Initial (New)	<input checked="" type="checkbox"/> Renewal
License Period 07/01/2026 - 6/30/2027	

Instructions

This form is required supplemental material to Form AB-200, Alcohol Beverage License Application, for new and renewal applications.
 The persons holding the following titles in the applicant business and any businesses referenced in Part A, Question 6, must provide contact and personal information to determine fitness to hold an alcohol beverage license under state law:

- Sole proprietor
- All partners of a partnership
- All officers, directors, and agent of a corporation or nonprofit organization
- All members or managers, and agent of a limited liability company

Contact and personal information for persons named above must be listed in the table below and submitted with this application. Attach additional sheets if necessary.
 Each person holding a title named above must submit the most accurate Form AB-100 with this application.
 Corporations, nonprofit organizations, and limited liability companies must submit the most accurate Form AB-101 with this application.

***Status Definitions**

New: All entries on a new application or any person added to a renewal application for the first time.

Remove: This person no longer has a relationship to the applicant business.

Update: There are changes to this person's personal or contact information, or their relationship to the applicant business.

No Change: There are no changes to this person's personal or contact information, or their relationship to the applicant business.

1. Legal Business Name (individual name if sole proprietorship)	WALGREEN CO	
2. Business Trade Name or DBA	WALGREENS #10962	3. FEIN 36-1924025

Listing of Persons Involved in Applicant Business

First Name and Middle Initial	Last Name	Title/Relationship to Applicant Business	Phone Number	Email	Status*
Richard "Rick" P.	Gates	Senior Vice President and Chief Pharmacy Officer and Director	847-527-2119	taxlicenser renewals@walgreens.com	No Change
Michael G.	Handal	Licensing and Provider Enrollment Officer	847-527-2119	taxlicenser renewals@walgreens.com	New
Michael J.	Motz	Chief Executive Officer	847-527-2119	taxlicenser renewals@walgreens.com	New
Paul S.	Lim	Secretary	847-527-2119	taxlicenser renewals@walgreens.com	New
Tracey D.	Brown	Executive Vice President, President of Walgreens Retail & US Chief Customer Officer	N/A	N/A	Remove
Brian R.	Brown	Vice President and Treasurer	N/A	N/A	Remove
Joseph B.	Amsbary, Jr.	Secretary	N/A	N/A	Remove
Tyeshia M	McKormick	Agent	(608) 935-2041	mgr.10962@store.walgreens.com	Active

847-368-6525

Form
AB-101

Alcohol Beverage Appointment of Agent

Date 3/10/26

Agent Type (check one)

Original (no fee) Successor (\$10 fee for municipal licenses only)

Part A: Business Information

1. Legal Business Name (Individual name if sole proprietor)		WALGREEN CO	
2. Business Trade Name or DBA		WALGREENS #10962	
3. Entity Type (check one)		<input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	
4. Alcohol Beverage Business Authorization (check one)		5. If successor agent, provide State Permit or Municipal Retail License Number	
<input checked="" type="checkbox"/> Municipal Retail License <input type="checkbox"/> State Permit		2025-24202 27	
6. Describe the reason for appointing a successor agent, if successor is checked above.			
New Store Manager			

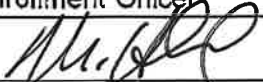
Part B: Agent Information

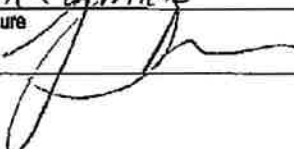
1. Last Name		2. First Name		3. M.I.	
McCormick		Tyesha		M	
4. Email			5. Phone		
mgr.10962@store.walgreens.com			(608) 935-2041		
6. Home Address					
314 E. Spring St					
7. City		8. State	9. Zip Code	10. Date of Birth	
Dodgeville		WI	53533	04/30/1991	
11. Driver's License/State ID Number			12. Driver's License/State ID State of Issuance		
M2025-8139-11650-00			Wisconsin		

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 (licensee) or Form AB-300, Alcohol Beverage Personal Questionnaire (permittee)?		<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		
<p>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.</p>		
Last Name	Handal	First Name Michael
		M.I. G.
Title	Licensing and Provider Enrollment Officer	Email taxlicenser renewals@walgreens.com
		Phone 847-527-2119
Signature		Date 5/12/20

Part E: Agent Attestation		
<p>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.</p>		
Last Name	McCormick	First Name Tyshia
		M.I. M
Signature		Date 3-17-20

Form
AB-100

Alcohol Beverage Individual Questionnaire

Date **3/10/26**

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

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- 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)	WALGREEN CO
2. Business Trade Name or DBA	WALGREENS #10962
3. 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	

Part B: Individual Information			
1. Last Name <i>McCormick</i>	2. First Name <i>Tyrschia</i>	3. M.I. <i>M</i>	
4. Relationship to Business (Title) <i>Agent / Store Manager</i>	5. Email <i>mgr.10962@store.walgreens.com</i>	6. Phone <i>(608) 935-2041</i>	
7. Home Address <i>311 E Spring St</i>			
8. City <i>Dodgeville</i>	9. State <i>WI</i>	10. Zip Code <i>53533</i>	11. Date of Birth <i>4-30-91</i>
12. Driver's License/State ID Number <i>M265-8139-165D-00</i>		13. Driver's License/State ID State of Issuance <i>Wisconsin</i>	

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) <i>08-2012</i>
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.			
Previous Address 1 <i>1245 Lutjan Pl</i>	City <i>Platteville</i>	State <i>WI</i>	Zip Code <i>53533-53818</i>
Previous Address 2 <i>415 W Adams</i>	City <i>Platteville</i>	State <i>WI</i>	Zip Code <i>53818</i>
Previous Address 3 <i>1145 Lancaster</i>	City <i>Platteville</i>	State <i>WI</i>	Zip Code <i>53818</i>
Previous Address 4 <i>1245 N 4th St Apt 312</i>	City <i>Platteville</i>	State <i>WI</i>	Zip Code <i>53818</i>
Previous Address 5 <i>17018</i>	City	State	Zip Code
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.			
State <i>WI</i>	County <i>Grant</i>	State <i>WI</i>	County <i>Iowa</i>
State <i>IL</i>	County <i>Cook</i>	State	County
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  Date 3-17-26

Alcohol Beverage Individual Questionnaire

Date **3/23/26**

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

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- 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) WALGREEN CO			
2. Business Trade Name or DBA Walgreens #10962			
3. 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			

Part B: Individual Information			
1. Last Name Motz		2. First Name Michael	
		3. M.I. J	
4. Relationship to Business (Title) Chief Executive Officer		5. Email taxlicenser renewals@walgreens.com	
		6. Phone 847-527-2119	
7. Home Address 4194 Saunders Cres			
8. City Burlington		9. State ON	10. Zip Code L7M 0B3
		11. Date of Birth 7/8/1964	
12. Driver's License/State ID Number M6786-54456-40708		13. Driver's License/State ID State of Issuance ON	

Part C: Address History			
1. Do you currently live in Wisconsin?			<input type="checkbox"/> Yes <input checked="" 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
4194 Saunders Cres	Burlington	ON	L7M 0B3
Previous Address 2	City	State	Zip Code
540 Phoebe Cres	Burlington	ON	L7L 6H6
Previous Address 3	City	State	Zip Code
191 Satok Cres	Burlington	ON	L9T 3N9
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
ON	N/A		
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  Date *MARCH/24/26*

Alcohol Beverage Individual Questionnaire

Date **3/24/26**

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

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- 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)	WALGREEN CO
2. Business Trade Name or DBA	Walgreens #10962
3. 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	

Part B: Individual Information			
1. Last Name <p style="text-align: center;">Gates</p>	2. First Name <p style="text-align: center;">Richard "Rick" Gates</p>	3. M.I. <p style="text-align: center;">P</p>	
4. Relationship to Business (Title) Senior Vice President Chief Pharmacy Officer & Director	5. Email taxlicenser renewals@walgreens.com	6. Phone 847-527-2119	
7. Home Address 17 N Loomis St, Unit 4C			
8. City <p style="text-align: center;">Chicago</p>	9. State <p style="text-align: center;">IL</p>	10. Zip Code <p style="text-align: center;">60607</p>	11. Date of Birth <p style="text-align: center;">03/15/1971</p>
12. Driver's License/State ID Number <p style="text-align: center;">G320-7557-1077</p>		13. Driver's License/State ID State of Issuance <p style="text-align: center;">IL</p>	

Part C: Address History			
1. Do you currently live in Wisconsin?			<input type="checkbox"/> Yes <input checked="" 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
246 Green Bay Rd, Apt 402	Highwood	IL	60040
Previous Address 2	City	State	Zip Code
3 Durham Ct	Lake Forest	IL	60045
Previous Address 3	City	State	Zip Code
11459 E Sweetwater Ave	Scottsdale	AZ	85251
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
IL	Cook	IL	Lake
State	County	State	County
		AZ	Maricopa
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		Date	3/31/20
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Alcohol Beverage Individual Questionnaire

Date **3/24/26**

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

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- 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)	WALGREEN CO
2. Business Trade Name or DBA	Walgreens #10962
3. 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	

Part B: Individual Information					
1. Last Name	2. First Name	3. M.I.			
Lim	Paul	S			
4. Relationship to Business (Title)	5. Email	6. Phone			
Secretary	taxlicenser renewals@walgreens.com	847-527-2119			
7. Home Address					
1560 Maureen Drive					
8. City	9. State	10. Zip Code	11. Date of Birth		
Hoffman Estates	IL	60192	07/10/1969		
12. Driver's License/State ID Number			13. Driver's License/State ID State of Issuance		
L500-6976-9196			IL		

Part C: Address History					
1. Do you currently live in Wisconsin?					<input type="checkbox"/> Yes <input checked="" 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		
1560 Maureen Drive	Hoffman Estates	IL	60192		
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
IL	Cook				
State	County	State	County	State	County

Continued →

Alcohol Beverage Individual Questionnaire

Date **3/24/26**

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

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- 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)	WALGREEN CO
2. Business Trade Name or DBA	Walgreens #10962
3. 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

Part B: Individual Information

1. Last Name Handal	2. First Name Michael	3. M.I. G
4. Relationship to Business (Title) Licensing & Provider Enrollment Officer	5. Email taxlicenser renewals@walgreens.com	6. Phone 847-527-2119
7. Home Address 6610 Rosehedge Dr		
8. City Long Grove	9. State IL	10. Zip Code 60047
11. Date of Birth 08/10/1975		12. Driver's License/State ID Number H534-5477-5227
13. Driver's License/State ID State of Issuance IL		

Part C: Address History

1. Do you currently live in Wisconsin? Yes No

(MM/YYYY)

If yes, provide the month and year when you permanently moved to Wisconsin

2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

Previous Address 1 6610 Rosehedge Dr	City Long Grove	State IL	Zip Code 60047
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 IL	County Lake	State TX	County Austin	State	County	State	County
State	County	State	County	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		Date	3/31/20
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WISCONSIN DEPARTMENT OF REVENUE
 PO BOX 8902
 MADISON, WI 53708-8902

State of Wisconsin • DEPARTMENT OF REVENUE

REGISTRATION UNIT
 2135 RIMROCK RD PO BOX 8902 MADISON, WI 53708-8902
 PHONE: 608-266-2776 FAX: 608-261-6248
 EMAIL: sales10@revenue.wi.gov WEBSITE: www.revenue.wi.gov

WALGREEN CO.
 PO BOX 901
 DEERFIELD IL 60015-0901

Letter ID: L1428752832
 Batch Index: 15849984-235

Wisconsin Department of Revenue

Seller's Permit

LEGAL/REAL NAME: WALGREEN CO.
 BUSINESS NAME: WALGREENS 10962
 1133 N JOHNS ST
 DODGEVILLE WI 53533-1277

The seller whose name appears above is authorized to engage in the business of selling tangible personal property and taxable services at the location shown. This permit is not transferable and is not valid at any other location. This permit must be conspicuously displayed at the place of business for which issued. Return this permit to the Department if you discontinue sales of taxable property and services at this location.

If your business is not operated from a fixed location, such as craft shows, flea markets, etc., this permit should be displayed or carried with you to the various events.

Tax Type	Account Type	Account Number
Sales & Use Tax	Seller's Permit	456-0000455404-05

Walgreen Co.
108 Wilmot Road
Officers and Directors

Title	Full Name	Corporate Address	Phone Number
Chief Executive Officer	Michael Motz	108 Wilmot Road, Deerfield, IL 60015	847-315-2500
Senior Vice President and Chief Pharmacy Officer and Director	Richard "Rick" Gates	108 Wilmot Road, Deerfield, IL 60015	847-315-2500
Secretary	Paul Lim	108 Wilmot Road, Deerfield, IL 60015	847-315-2500
Licensing and Provider Enrollment Officer	Michael Handal	108 Wilmot Road, Deerfield, IL 60015	847-315-2500