

## **Applicant**

NAME OF LEGAL ENTITY NAME OF BUSINESS (DBA) BUSINESS

Walmart Inc. Wal-Mart Supercenter #750 (479) 371-8719

ADDRESS OF PREMISES PREMISES SUITE/APT NUMBER CITY COUNTY ZIP

302 Enterprise Drive SW Independence Buchanan 50644

MAILING ADDRESS CITY STATE ZIP

702 S.W. 8th Street Bentonville Arkansas 72716-0500

#### **Contact Person**

NAME PHONE EMAIL

William Lodge (479) 371-8719 complic@wal-mart.com

### **License Information**

LICENSE NUMBER LICENSE/PERMIT TYPE TERM STATUS

LE0001262 Class E Retail Alcohol License 12 Month Submitted

to Local Authority

TENTATIVE EFFECTIVE DATE TENTATIVE EXPIRATION DATE LAST DAY OF BUSINESS

Dec 1, 2024 Nov 30, 2025

SUB-PERMITS

Class E Retail Alcohol License



#### **Status of Business**

**BUSINESS TYPE** 

Corporation

### **Ownership**

#### Individual Owners

NAME	CITY	STATE	ZIP	POSITION	% OF OWNERSHIP	U.S. CITIZEN
Sarah Little	Springdale	Arkansas	72764	Assistant Secretary	0.00	Yes
Matthew Allen	Rogers	Arkansas	72758	Assistant Treasurer	0.00	Yes
Carl Doug McMillon	Bentonville	Arizona	72712	President & CEO	0.00	Yes
Walmart Licensing						
Walmart Licensing						

# **Insurance Company Information**

**INSURANCE COMPANY** 

POLICY EFFECTIVE DATE

POLICY EXPIRATION DATE

DRAM CANCEL DATE

OUTDOOR SERVICE EFFECTIVE DATE

OUTDOOR SERVICE EXPIRATION DATE



BOND EFFECTIVE DATE

TEMP TRANSFER EFFECTIVE DATE

TEMP TRANSFER EXPIRATION DATE