

ALQ-2310

Form
AT-106Original Alcohol Beverage
License Application

FOR CLERKS ONLY	
Municipality	Two Rivers
License Period	10/17/23 - 6/30/24

License(s) Requested

- ☒ Class "A" Beer \$ 50.00 ☒ "Class A" Liquor \$ 362.50
☐ Class "B" Beer \$ ☐ "Class B" Liquor \$
☐ "Class C" Wine \$ ☐ "Class A" Liquor (Cider Only) \$ 0
☐ Reserve "Class B" Liquor \$ ☐ "Class B" (Wine Only) Winery \$

License Fees	\$ 412.50
Publication Fee	\$ 20.00
Background Check	\$
Total Fees	\$ 432.50

Part A: Premises/Business Information

1. Legal Business Name (registered entity name or individual's name if sole proprietorship)

Family Dollar Stores of Wisconsin, LLC

2. Trade Name or DBA

Family Dollar #22166

3. Premises Address

1909 Washington Street, Two Rivers, WI 54241

4. County

Manitowoc

5. Municipality

6. Aldermanic District

7. Mailing Address (if different from premises address)

500 Volvo Pkwy, Chesapeake, VA 23320

8. FEIN

56-1356720

9. Wisconsin Seller's Permit Number

456-00003402110

10. Premises Phone

(757) 321-5493

11. Premises Email

lfarrell@decisions-consulting.com

12. Entity Type (check one)

☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization

13. Premises Description - Describe the building or buildings where alcohol beverages are to be sold and stored. Describe 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 in this application. Attach additional sheets if necessary.

Please see attached floor plan.

Part B: Questions

1. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit a copy of Responsible Beverage Server Training Course Certificate ☒ Yes ☐ No
2. Does the applicant business or its partners, officers, directors, managing members, or agent hold a direct or indirect interest in any alcohol beverage wholesaler or producer (e.g., brewer, brewpub, winery, distillery)? ☐ Yes ☒ No
If yes, please explain using the space below. Attach additional sheets if necessary.

Part C: For Corporate/LLC Applicants Only

1. State of Registration VIRGINIA		2. Date of Registration 06/01/16
3. Is the applicant business owned by another corporation or LLC? If yes, please provide the name and FEIN of the parent company below, include parent company members in Part D, and attach Form AT-103 for all of the parent company's principal members, managers, officers, or directors <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Name of Parent Company Family Dollar, Inc.		FEIN of Parent Company 56-1373359
4. Does the parent company or any of its officers, directors, managing members, or agent hold any direct or indirect interest in any other alcohol beverage wholesaler or producer (e.g., brewer, brewpub, winery, distillery)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please explain using the space below. Attach additional sheets if necessary.		
5. Agent's Last Name Norton	Agent's First Name Timothy	Phone

Part D: Individual Information

A Supplemental Questionnaire, Form AT-103, must be completed and attached to this application for each person involved in the applicant business and any parent company as indicated in Part C. Persons in the applicant business include: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all managing members and agent of a limited liability company.

List the full name, title, and phone number for each person below. Attach additional sheets if necessary.

Last Name	First Name	Title	Phone
Please see attached list of officers owning 0%			

Part E: Attestation


Who must sign this application?

- ☐ sole proprietor ☐ one general partner of a partnership ☐ one corporate officer ☐ one managing 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.

Signature 		Date 09/08/2023
Name (Last, First, MI) Spencer, Harry R		
Title Assistant Secretary	Email ablicensing@dollartree.com	Phone (757) 321-5493

Part F: For Clerk Use Only

Date application was filed with clerk 9/19/2023	Date reported to governing body 10/16/23	Date provisional license issued (if applicable)
Date license granted	License number ALQ-2310	Date license issued
Signature of Clerk/Deputy Clerk 		

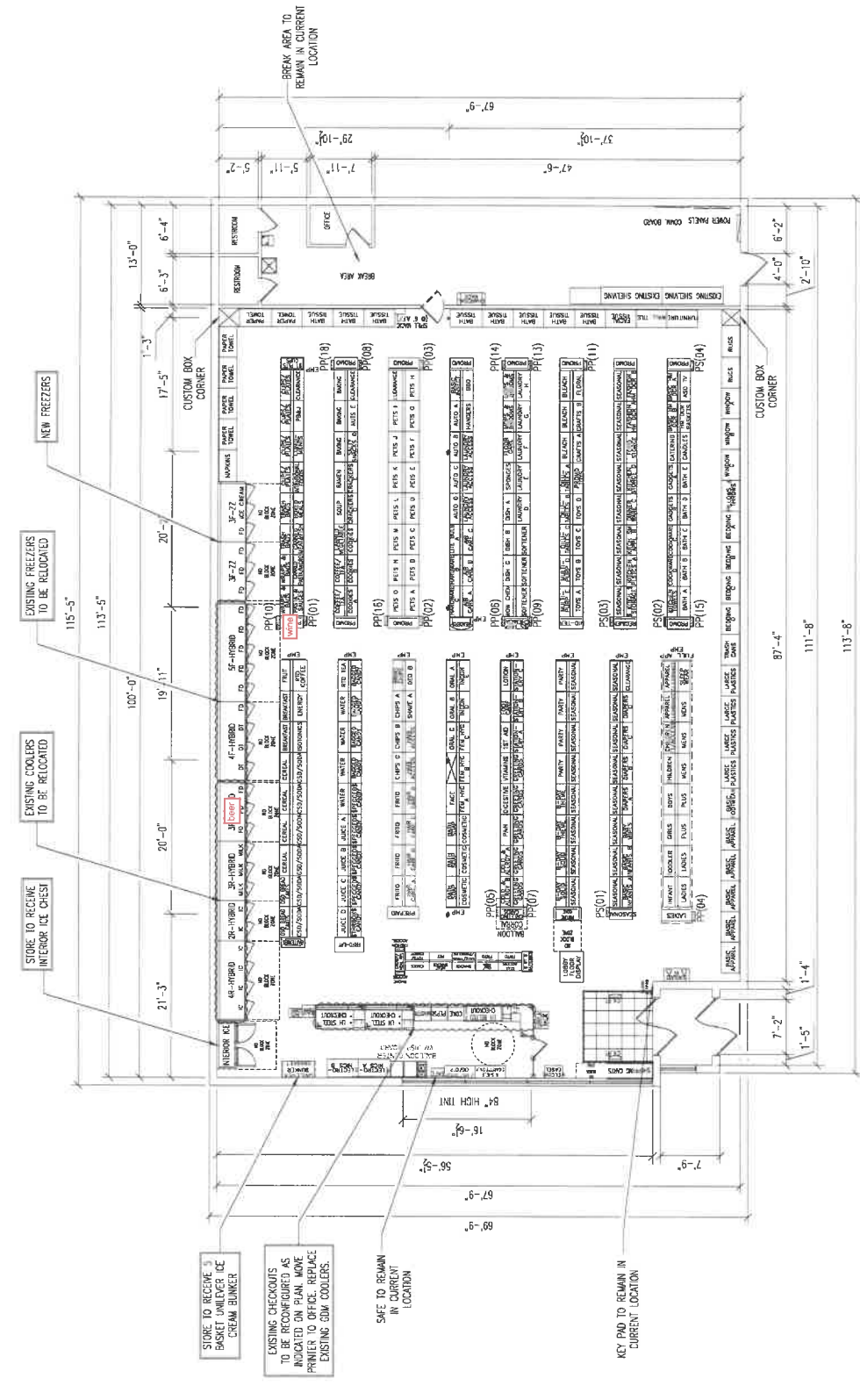
POWER PANEL LIST	
PP (01)	CANDY
PP (02)	PETS
PP (03)	PETS - ACCESSORIES
PP (04)	BELTS & WALLET
PP (05)	BABY WIPES
PP (06)	LITTLE TREE AIR FRESHENER
PP (07)	BODY SPRAY
PP (08)	TOYS
PP (09)	SPECIALTY BATH
PP (10)	PUZZLE BOOKS
PP (11)	COMMAND
PP (13)	WORK GLOVES
PP (14)	SEWING NOTIONS
PP (15)	SHOE CARE
PP (16)	BEAUTY CARE
PP (18)	PLACEMENTS
PS (14)	SEASONAL

NOTE - SELECT STORES
WILL RECEIVE PROPANE
& INTERIOR ICE.

FWL FLEX APPAREL SECTIONS
IN BETWEEN CATEGORIES

ZERO ZONE COOLERS ARE
4" OFF THE WALL
DUE TO ELECTRICAL REQUIREMENTS

EXISTING ZERO ZONE COOLERS ARE
4" OFF THE WALL
DUE TO ELECTRICAL REQUIREMENTS



STANDARD DEPTH 8' 0"

WALL WALL 3'-0" A.F.F.
GLASS TO 6'-0" ABOVE KNEE WALL

ORE VIBER NUMBER	PROJECT NUMBER	LOCATION	FORMAT	START DATE	TOTAL INTERIOR SQ. FT.	SALES STOCK SQ. FT.	USABLE SQ. FT.	EXTERIOR SQ. FT.	AA HAIR CARE	AA	HISPANIC	CEILING HEIGHT	AGS (GIM SCORE)	RISK CLASS	SECTION COUNT	DRAWN BY	PROJECT MANAGER	DATE	MERCHANDISE PLAN		REVISIONS
																			DRAWN BY - DESCRIPTION - DATE		
NO 156	XXXXXX	TWO RIVERS, WI.	URBAN H2.5	4/24/2023	7626	6632	539	7992	VERY LOW	VERY LOW	VERY LOW	10'-3"	58	2.0	301	P. JAMES	N/A	2/23/2023	 500 VOLVO PKWY CHESAPEAKE VA 23320	SENIOR PROJECT SUPERVISOR: ANY QUESTIONS CONCERNING FIGURES AND/OR DIMENSIONS PLEASE EMAIL: PHILIP@FAMILYDOLLAR.COM	
166																			CONFIDENTIAL - FAMILY DOLLAR USE ONLY PLEASE CHECK THE FAMILIARITY KIT FOR ANY TOW RECEIVED AFTER THE LATEST DATE ON THE LAYOUTS THIS SHOULD BE APPLIED TO MERCHANDISE PLAN		

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 Fond Du Lac County of Fond Du Lac
☒ City

The undersigned duly authorized officer/member/manager 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 # 22166

located at 1909 Washington St, Two Rivers, WI 54241
(Trade Name)

appoints Timothy L Norton
(Name of Appointed Agent)
508 Mustang Lane, Fond Du Lac, WI 54935
(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).

See attached

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? 43

Place of residence last year 508 Mustang Lane, Fond Du Lac, WI 54935

For: Family Dollar Stores of Wisconsin, LLC
(Name of Corporation / Organization / Limited Liability Company)

By: [Signature]
(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, Timothy L Norton, 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] 9-8-2023 Agent's age 58
(Signature of Agent) (Date)
508 Mustang Lane, Fond Du Lac, WI 54935 Date of birth 05/04/1965
(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)

Certificate of Completion

This Certificate of Completion of
eTIPS Off Premise 3.0 - Wisconsin
For coursework completed on June 23, 2020
provided by Health Communications, Inc.
is hereby granted to:

Tim Norton

Certification to be sent to:

**Family Dollar
798 S Main St
Fond Du Lac WI, 54935-5730 USA**



HEALTH COMMUNICATIONS, INC.

This document is not proof of eTIPS certification. It signifies only that you have completed the course. Valid certification documents will be forwarded to you.



This certificate represents the successful completion of an approved
Wisconsin Department of Revenue Responsible Beverage Server Course in
compliance with secs. 125.04(5)(a)5, 125.17(6), and 134.66(2m), Wis.

Effective January 3, 2022

**LIST OF OFFICERS & DIRECTORS
FOR
FAMILY DOLLAR, INC.**

<u>Officer</u>	<u>Title</u>
Peter Barnett	President
Todd Littler	Senior Vice President
Roger Dean	Vice President and Treasurer
Jonathan Elder	Vice President – Tax
John S. Mitchell, Jr.	Vice President and Secretary
Harry R. Spencer	Assistant Secretary

Directors

Peter Barnett
Roger Dean