

Form
AB-101Alcohol Beverage
Appointment of AgentDate
7-20-25

Agent Type (check one)	
<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 #09166	
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) <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. Previous store manager transferred to another store. I have taken over as new store manager.	

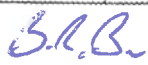
Part B: Agent Information				
1. Last Name Smith		2. First Name Eric		3. M.I. L
4. Email taxlicenserenevals@walgreens.com			5. Phone 847-527-2119	
6. Home Address 1706 cedar grove dr 1A				
7. City Manitowish		8. State WI	9. Zip Code 54220	10. Age 33
11. Drivers License/State ID Number 5530-2129-1457-09			12. Drivers License/State ID State of issuance WI	

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 taxlicenser renewals@walgreens.com		Phone 847-527-2119
Signature 			Date 7/23/25	

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 Smith		First Name Eric		M.I. L
Signature 			Date 7-20-25	

Form
AB-100Alcohol Beverage
Individual QuestionnaireDate
7-20-25

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

- sole proprietor
- all officers, directors, and agent of a corporation or nonprofit organization
- all partners of a partnership
- members and agent of a limited liability company

Your alcohol beverage application or renewal 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 #09166

3. Entity Type (check one)

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

Part B: Individual Information

1. Last Name

Smith

2. First Name

Eric

3. M.I.

L

4. Relationship to Business (Title)

Store Manager

5. Email

mgr.09166@store.walgreens.com

6. Phone

(920) 793-8352

7. Home Address

1706 cedar grove dr 1A

8. City

Manitowoc

9. State

WI

10. Zip Code

54220

11. Date of Birth

12/11/1991

12. Drivers License/State ID Number

S530-2129-1451-09

13. Drivers License/State ID State of Issuance

Wisconsin

Part C: Address History

1. Do you currently reside in Wisconsin? ☒ Yes ☐ No

If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?

Years

33

Months

7

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

Previous Address 1

2448 Mirro dr #24

City

Manitowoc

State

WI

Zip Code

54220

Previous Address 2

1400 22nd st #B

City

Two Rivers

State

WI

Zip Code

54241

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

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 BL 250649-0	Location Two Rivers	Conviction Date 4/9/25
Penalty Imposed \$91.50 fine, license suspended, Alcohol document		Was sentence completed? <input type="checkbox"/> Yes <input checked="" 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

7-20-25



INDIVIDUAL BACKGROUND INFORMATION

(This form is required for any person(s) listed on Part C of Form CTY-200)
Municipal Code 6-3

Date: 7-20-25

COPY

SECTION 1 - APPLICANT INFORMATION			
Applicant Name (Last, First, MI) <u>Smith, Eric, L</u>		Maiden or Previous	Date of Birth <u>12-11-1991</u>
Street Address <u>1706 cedar grove dr 1A</u>		City	State <u>WI</u> Zip <u>54220</u>
Driver's License Number/ State Identification Number <u>8530-2129-1991-09</u> <small>SUBMIT COPY OF DRIVER'S LICENSE WITH APPLICATION</small>		State License Issued In: <u>Wisconsin</u>	Phone <u>(920)-255-5685</u>
Name of Establishment: <u>Walgreens</u>			
Were you previously part of this establishments license? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
SECTION 2 - CONVICTION RECORD - You are required to list each and every violation and/or offense for which you have been convicted in or out of state. Failure to provide complete answers may result in a denial of your application. (More space on back side.)			
Have you EVER been arrested or convicted of a felony? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If Yes, when, where, and what type of violation? (Please be specific) _____			
Have you EVER been arrested, charged, or convicted of a misdemeanor, including misdemeanor traffic (Example: OWI)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, when, where, and what type of violation? (Please be specific) <u>Charged 12-9-24 Two Rivers, Convicted</u> <u>4-9-25 OWI</u>			
Have you been arrested, cited, or convicted of an ordinance violation within the last 5 years? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, when, where, and what type of violation? (Example: OWI) <u>OWI charged 12-9-24, convicted 4-9-25</u> <u>Two Rivers</u>			
SECTION 3 - PENALTY NOTICE			
Under penalty of law, I swear that the information provided in this application is true and correct to the best of my knowledge and belief.			
Signature: <u>Eric Smith</u>		Date: <u>7-20-25</u>	
FOR OFFICE USE ONLY			
Approved? <input type="checkbox"/> Yes <input type="checkbox"/> No		By Chief of Police	Date

TIME RECEIVED
July 22, 2025 at 8:05:33 AM CDT

REMOTE CSID
+19202555685

DURATION
76

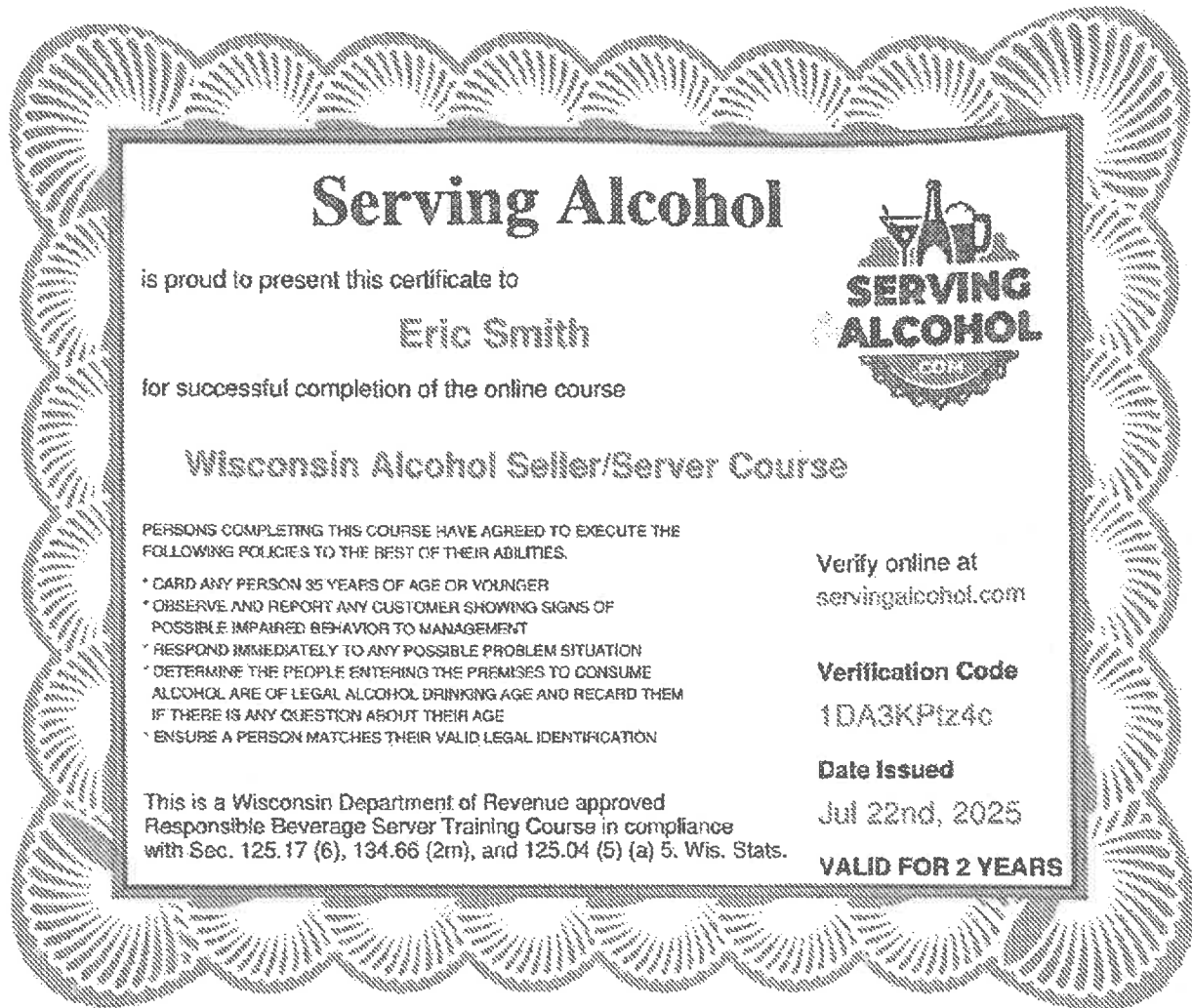
PAGES
1

STATUS
Received

2025-07-22 08:04 CDT Eric Smith

+19202555685

PAGE 1/1



This is not a Wisconsin operators/bartenders license.

This certificate will be requested to obtain a Wisconsin operators/bartenders license from the Wisconsin city clerk's office in the municipality where you are working.

Find your city clerk's office here: <https://elections.wi.gov/clerks/directory>

Wisconsin Alcohol Seller/Server Course

Name: Eric Smith

Certification Date: Jul 22nd, 2025

Certificate Code: 1DA3KPtz4c

Verify Online: servingalcohol.com

125.17(6), 134.66 (2m), 125.04(5)(a)5 Wis. Stats.

SERVING ALCOHOL INC

VALID FOR 2 YEARS

Learn more about this wallet card at <http://servingalcohol.com/wallet-card>