Submit to numinicipal clark. For the ticense period beginning	OR	IGINAL ALCOHOL	BEVERAGE RETAIL	LICENSE APPLICA	TION Apptic	ants Wisconsin 's Permit Number 456-000	00455404-05
For the license period beginning	Sub	mit to municipal clerk.			Feder	et Employer Identification 36	1924025
TO THE GOVERNING BODY of the:    City of	For	the license period begins	sing April 15	20 16 :	numb		
TO THE GOVERNING BODY of the:   Town of   City of   County of   La Crosse   City of   City	. 0,	enc	ling Time 30	20 1/0	<b></b>		
TO THE GOVERNING BODY of the:    Clay of   County of La Crosse							s 25.02
Countly of La Crosse Aldermanic Dist. No.   (if required by ordinanco)   Countly of La Crosse   Aldermanic Dist. No.   (if required by ordinanco)   Core DeArticipation is a Core DeArticipation of the State			Town of 1			Class B beer	\$
County of La Crosse Aldermanic Dist. No.	TO:	THE GOVERNING BOD	Y of the: ☐ Village of >	a Crosse	lii	Class C wine	
1. The named   MDINOUAL   PARTHERSHIP   LIMITED LIABILITY COMPANY   Reserve Class B liquor   S Publication for   \$4.0.00   TOTAL FEE   \$190.03			City of			Class A liquor	\$ 125.01
1. The named ONDMOUAL PARTNERSHIP OUNTED LABILITY COMPANY Publication fee \$ 40,000 TOTAL FEE \$ 190,03 Dehalt provides application for the alcohol beverage licenses(s) believed above.  2. Name (individual/partners) give lest mans, lint; indicate; copporation and attached to this application by each individual applicant, by each member portnership, and by each officer, director and agent of a corporation or nonprofit organization, and by each member portnership, and by each officer, director and agent of a corporation or nonprofit organization, and by each member portnership, and by each officer and agent of a semporation or nonprofit organization, and by each member portnership, and by each member manager and agent of a semporation or nonprofit organization, and by each member manager and agent of a semporation or nonprofit organization, and by each member manager and agent of a semporation or nonprofit organization, and by each member manager and agent of a semporation or nonprofit organization, and by each member manager and agent of a semporation or nonprofit organization, and by each member manager and agent of a semporation or semporation or nonprofit organization, and by each member manager and agent of a semporation or semporation or nonprofit organization, and by each member manager and agent of a semporation or	Cou	intu of La Crossa	Aldermanic Dist N	lo diffequited by on	dinanco)	Class B liquor	\$
The flattest   Post Notice   Post Notice   Post Notice   Post Office   St. 190.03	Cou	inty of La Ciosse	Ademiano Disc N	io (ii todaiica b) oi		Reserve Class B liquor	
hereby makes application for the alcohol bewarge (cases(s) checked above.  2. Name (inchrédustiparthers give last name, lirer indicis; corporational/mitted liability companies give registered name):	4	The named     INDIVIDU	AI MOTNEDSHID	THINITED HABILITY COM	PANY	Publication fee	\$ 40.00
Post Office & Zip Code  An "Auxiliary Questionnaire," Form AT-103, must be completed and attached to this application by each involved partnership, and by ceach officer, director and agent of a porporation or nonprofit organization, and by each member/manager and agent of a limitality company. List the name, title, and place of residence of each person.  Home Address  Post Office & Zip Code  President/Member  Scoretary/Member  Scoretary/Member  Treasure/Member  Agent   Siore Manager  June Store Manage	١.					TOTAL FEE	5 190.03
2. Name (individual/partners give lest name, lirst, micide; corporations/finited liability companies give registered name):    Walgraen Co  An "Auxillary Questionnaire," Form AT-103, must be completed and attached to this application by each individual applicant, by each member partnership, and by each officer, director and agent of a corporation or nonprofit organization, and by each inamber/manager and agent of a limitality company. List the mare, lifts, and place of residence of each person.  **Name** Home Address** Post Office & Zip Code**  President/Member**  Treasurer/Member**  Treasurer/Membe					<u> </u>		
An "Auxillary Questionnaire," Form AT-103, must be completed and attached to this application by each individual applicant, by each member portnership, and by each officer, director and agent of a corporation or nonprofit organization, and by each member/manager and agent of a line liability company. Let the name, lite, and place of residence of each person.  Name Home Address Post Office & Zip Code  Precident/Member Corporater (ider attached)  Vec Precident/Member Corporater (ider attached)  Vec Precident/Member Store Manager Edmond Cooke 1421 Hyde Ave La Crosse, WI 54801  Directors/Managers  3 Trade Name   Walgreens #09214 Business Phone Number 608-781-0791  3 Trade Name   Walgreens #09214 Business Phone Number 608-781-0791  5 Is individual, partness or agent of corporation/imited liability company subject to completion of the responsible beverage server training course for this floories period?  7 Does any other accholoboroage rehall feense or wholesate permittee have any interect in or control of this business?  8 (a) Corporate/minited liability company a subsediary of any other corporation or minited liability company?  9 (b) is applicant corporation/minited liability company a subsediary of any other corporation or minited liability company?  9 (c) Does the ecorporation, or any officer, director, stockholder or agent of initied liability company?  10 (c) Does the ecorporation, or any officer, director, stockholder or agent of minited liability company?  11 (a) Was high prefixes Exceeded the Store and agent of minited liability company?  12 (a) Pramises description: Describe buildings where alcohol beverages are to be sed and stored. The agentivant must include all come including lying quarters, it used, for the sales service, and/or every VEC answer in surshtms 5. 6, 7 and 8 ahover). List attached  9 Premises description: Describe building or buildings where alcohol beverages are to be sed and stored. The agentivant must include all come including lying quarters, it used, for the sales service, and/or eve					ohio rogistored n	ome). F Malareer	Co
portnership, and by each officer, director and agent of a corporation or nonprofit organization, and by each member manager and agent of a limitiality company. List this name, title, and place of residence of each person.  Title  President/Member Corporate rider attached  We President/Member Treasurer/Member Tr	2.	vame (moividuaupareners giv	e last name, inst, miccie; corporati	onsumed liability companies	Bise tedistered in	amo). P YYAIQIGEI	
portnership, and by each officer, director and agent of a corporation or nonprofit organization, and by each member manager and agent of a limit liability company. List list is mare, little, and piezo of residence of each person.  Title Name Home Address Post Office & Zip Code President/Member Corporate ricler attached  Vice President/Member Tressurer Member Agent   Corporate ricler attached  Secretary/Member Tressurer Member Agent   Store Manager  Trade Name   Walgreens #09214  Authors of Premises   2626 Rose St  Authors of Premises   2626 Rose St  Sis individual, parhess or agent of corporator/finited fiability company subject to completion of the responsible towerage server training course for this flories period?  Sis is explained in employed or agent of, or acting on behalf of anyone except the named applicant?  Does any other alcohol boverage rebit licenses or wholesale permittee have any interest in or control of this business?  (b) is applicant corporation/fimited liability company a subscilary of any other corporation or limited liability company or agent or finited liability company or manager or agent hold any interest in any other alcohol boverage rebuilded in some that of the proporation or limited liability company?  (c) Does the corporation/fimited liability company a subscilary of any other corporation or limited liability company?  (d) It applicant sexplain fully on riverse side of this form every VTS nawwer in sections 5, 6, 7 and 8 actions). List attached  (e) Premises description. Describe building of business or permit in Wisconstan?  (ii) Legal description (omit if street address is given above). In Section 2, above 1 building of 14,550 Sq ft  10. Legal description (omit if street address is given above). In Section 2, above 2 planes (86) 266-2776. Under the sales of liquor or been during the past license year?  (b) If yes, under which ranker year splicens of the sales of liquor or been during the past license year?  (b) Boes the applicant understand a Wisconsta Select Permit must be appli		A. P.A		and and ottenhad to this any	-liantlan bu and	h Individual applicant	w each growher of a
Title   Freelden/Member		An "Auxiliary Questionnair	e," Form AI-103, must be compa	eted and adactied to this apparent arrent	phication by each	s munusuar approam, s	nd agent of a limited
Title President/Member Comparate rider attached  Wee President/Member Secretary/Member Teasurer Member Secretary/Member Secre		liability company. List the r	iame, title, and place of residence r	potation of nonprofit organi of each person.	conton and by o	7011 [1]01[1D011[1Z11Z]01 =	
SecretaryMember   SecretaryMember   Store Manager   Edmond Cooke   1421 Hyde Ave. La Crosse, WI 54601					Home Addres	Post	Office & Zip Code
SecretaryMember   Store Manager   Edmond Cooke   1421 Hyde Ave. La Crosse, WI 54601			**				
Secretary/Member Treasurer/Member  Treasurer/Member  Store Manager  Store Manager  Edmond Cooke  1421 Hyde Ave, La Crosse, WI 54601  Directors/Managers  Treasurer/Member  Walgreens #09214  Business Phone Number  Cooke 27p Code La Crosse, WI 54603  1 Address of Premises > 2626 Rose St  Post Office & Zip Code La Crosse, WI 54603  1 is individual, partness or agent of corporation/irrited liability company subject to completion of the responsible beverage server training course for this license sperior?  Cose any other alcohol beverage on behalf of anyone except the named applicant?  Does any other alcohol beverage on wholesale permittee have any interest in or control of this business?  Operate/finited liability company applicants only: Insert state			<del>-</del>				
Treasurer/Member  Agent   Store Manager   Edmond Cooke   1421 Hyde Ave, La Crosse, WI 54601  Directors/Managers   Walgreens #09214   Business Phone Number   608-781-0791  4. Authors of Premises   2626 Rose St   Post Office & Zip Code   La Crosse, WI 54603    5. Is individual, pathness or agent of corporator/limited liability company subject to completion of the responsible beverage server training course for this license period?   Yes   Training course for this license period?   Yes   Yes    6. Is the applicant an employee or agent of corporator/limited liability company subject to completion of the responsible beverage server training course for this license period?   Yes    8. (a) Corporate/limited liability company a subsidiary of any other corporation or limited liability company?   Yes    9. (b) is applicant corporator/limited liability company a subsidiary of any other corporation or limited liability company?   Yes    (c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Visiconsish?   Yes    (NOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 aboves.) List attached    9. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rocoms including linking quarters, if teach, for the sease, service, and/or storage of alcohol beverages of the services of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described)   One store building of 14,550 Sq fl    10. Legal description, Control if street address is given above): In/A   Yes							
Directors/Managers    Walgreens #09214							
Directors/Managers		Agent > S	tore Manager	Edmond Cooke	1421 H	de Ave La Crosse	WI 54601
Address of Premises > 2626 Rose St    Address of Premises > 2626 Rose St   Address of Premises > 2626 Rose St   Address of Premises or agent of corporator/limited liability company subject to completion of the responsible beverage server training course for this license period?		Directors/Managers					
Activess of Premises > 2626 Rose St Post Office & Zip Code > La Crosse, W1 94003  5. Is individual, partners or agent of corporator/limited liability company subject to completion of the responsible baverage server training course for this Idense period?  6. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant?  7. Does any other alcohol beverage retail ficensee or wholesale permittee have any interest in or control of this business?  8. (a) Corporate/limited liability company applicants only: Insert state	3	Trade Name N	/algreens #09214	R	Susiness Phone N		
Sis Individual, partmers or agent of corporation/limited fiability company subject to completion of the responsible beverage server training course for this license period?	J.	Authorn of Coming 1 2	626 Rose St		Prel Office & 7in (	La Crosse	WI 54603
training course for this license period?  6. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant?  7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business?  8. (a) Corporate/limited liability company a publicants only: Insert stale		Pouress of Frenches F	at of some position final tend tink life and		the recorded le	COLORD CONICE	
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7. Does any other alcohol beverage rebill feensee or wholesele permittee have any interest in or control of this business?   Yes	6	le the analicant an emalave i	or enent of or action on behalf of a	mone excent the named appli	cant?		□ Yes ■ No
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(b) is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company?  (c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol be everage (cases or permit in Wisconstin?  (NOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 above.) List attached all rooms including living quarters, if used, for the sales, service, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) One store building of 14,530 sq.ft  10. Legal description (omit if street address is given above):n/a	ı. g	(a) Cornerstellimited liabil	ity company applicants only. In	cert ciale	and date	of registration	
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12. Cloes the applicant understand they must file a Special Occupational Tax return (TTB form 5030.5)  before beginning business? [phone 1-800-937-8864]  Section 2, above? [phone (808) 266-2776]  Section 3, above? [phone (808) 266-2776]  Section 4, above 2, above? [phone (808) 266-2776]  Section 5, above? [phone (808) 266-2776]  Section 6, above? [phone (808) 266-2776]  Section 7, above? [phone (808) 266-2776]  Section 8, above? [phone (808) 266-2776]  Section 9, above? [phone (808) 266-2776]  Section 9, above? [phone (808) 266-2776]  Section 9, above? [phone (808) 266-2776]  Section 1, above 2, above? [phone (808) 266-2776]  Section 2, above? [phone (	•••	All If you under what name	une licence issued? N/A	and are boar modified Jacob		190,03	:JinomA_tnemy.
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Subscribed AND SWORN TO BEFORE ME  Subscribed AND SWORN TO BEFORE ME  (Clarentotary Public)  (Clarentotary Public)  (Clarentotary Public)  (Additional Partner(s) Momber/Manager of Limited Liability Company if Any)  TO BE COMPLETED BY CLERK  Date received and find with municipal cark  Date loaves granted  Date transaction will be deemed a refusal to permit inspection. Such refusal to a misdemean or and grounds of the such and the permit inspection. Such refusal to a misdemean or an arms demended in the such and the permitted of the pe	2 2 660	e of the signers. Signers agree to	onperate this busitess according to a	musi sian, corporate officer(s), m	amborc/managers	of Limited Liability Compani	es must eign.) Any lack of
Subscribed AND SWORN TO BEFORE ME  (Clarendolary Public)  (Clarendolary Public)  (Clarendolary Public)  (Clarendolary Public)  (Commission expires 7/30/17)  (Additional Partner(s) Momber/Manager of Limited Liability Company if Any)  TO BE COMPLETED BY CLERK  Date received and find with municipal clark  Date received and find with municipal clark  Date provisional license issued  Date provisional license issued  License number issued	**************************************	ass to any portion of a licensed pro	emises during inspection will be deeme	d a refusal to permit inspection. S	Such refusel is a mis	sdemeanor and grounds for	revocation of this aceuse.
This 7th day of March .2016 (Clinical or Paper abstratember/Manager of Limited Leibfty, Epigaphy 3 th stageth (Officer of Corpolaris Manager of Limited Leibfty, Epigaphy 3 th stageth (Officer of Corpolaris Manager of Limited Leibfty Company if Any)  TO BE COMPLETED BY CLERK  Date received and find with municipal dark  Date received and find with municipal dark  Date provisional license issued  License number issued	S 2"	I .			20	i i	at IV AAAAACA
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AT-100 PR 1-174-1 34 688 INVOICE CLST # 1794

## SCHEDULE FOR APPOINTMENT OF AGENT BY CORPORATION/NONPROFIT ORGANIZATION OR LIMITED LIABILITY COMPANY

Submit to municipal clerk.

		iability con	npanies applyin	g for a license	to sell letitletile	tment mu	st be signe	and/or Intoxicating ad by the officer(s)
corporations/organia uor must appoint an a the corporation/orga	zations or limited in agent. The followin inization or memi	g question bers/mana	s must be answ gers of a limit	ed liability cor	npany and the r	ecomme	ngauon mi	ade by the proper
cal official.								
	∐ Town	-£ .			County o	f La	Crosse	
the governing body	of: Village City	oi]	La Crosse	<del></del>	_		·	
					14/-l Co			
ne undersigned duly	authorized officer(	s)/membe	rs/managers of	(registored	i name of corporation	vorganizati	on or limited	fability company)
corporation/organiza	tion or limited liabii	ity compar	ny making appli	cation for an a	lcohol beverage	license fo	or a premis	es known as
			Walgree	ns #09214_				
•			( <del>111</del> 0	o namo)	AB 54602			
cated at		2	626 Rose St.	La Crosse, \	VI 540U3			
opoints			Edmond Co	ooke, Store N	lgr			
, pointe				spomod aguni	LA CROSS	ces V	111 5	4601
			(home address	of appointed agei	t			
act for the corporat alcohol beverages rganization/limited lis	conducted therein. Ibility company hav	, is applica ving or app	ty company witi int agent presei slying for a beer	n full authority ntly acting in to and/or liquor	and control of the nat capacity or re license for any of	ther locat	ion in Wisc	all business relativ for any corporation consin?
Yes No	If so, indicate th	e corporat	e name(s)/limite	ed liability com	pany(les) and m	unicipality	y(ies).	
	N/A							
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