



October 28, 2009

To: Common Council
From: Debbie Galeazzi, Clerk
Subject: Walgreen Co.
305 Racine Street

A "Class A" application to deal in liquor and fermented malt beverages for the 2009-2010 licensing year has been filed by Walgreen Co. for the premises at 305 Racine Street

The Police Dept. has done background checks on the appropriate applicants and finds no reason to deny a license. The Fire Dept., Health Dept., and Building Inspectors have inspected the property and find the property is in compliances with City codes. All financial obligations to the City are current.

I see no reason to withhold action on this license.

ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning 20 ending 6/30 2010

TO THE GOVERNING BODY of the: Town of Village of City of } Menasha

County of Winnebago Aldermanic Dist. No. _____ (If required by ordinance)

1. The named INDIVIDUAL PARTNERSHIP LIMITED LIABILITY COMPANY CORPORATION/NONPROFIT ORGANIZATION

hereby makes application for the alcohol beverage license(s) checked above.

2. Name (individual/partners give last name, first, middle; corporations/limited liability companies give registered name): WALGREEN CO.

Applicant's Wisconsin Seller's Permit Number: <u>004-0000455404-01</u>	
Federal Employer Identification Number (FEIN): <u>36-1924025</u>	
LICENSE REQUESTED	
TYPE	FEE
<input checked="" type="checkbox"/> Class A beer	\$
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Wholesale beer	\$
<input type="checkbox"/> Class C wine	\$
<input checked="" type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$
TOTAL FEE	\$

An "Auxiliary Questionnaire," Form AT-103, must be completed and attached to this application by each individual applicant, by each member of a partnership, and by each officer, director and agent of a corporation or nonprofit organization, and by each member/manager and agent of a limited liability company. List the name, title, and place of residence of each person.

Title	Name	Home Address	Post Office & Zip Code
President/Member	See attached corporate rider		
Vice President/Member	Vice President John W. Spina	21191 Creekside Dr, Kildeer, IL	60047
Secretary/Member	Assistant Secretary Margarita E. Kellen	845 Wagner Road, Glenview, IL	60025
Treasurer/Member			
Agent	Store Manager - MIKE JACKLIN		
Directors/Managers			

3. Trade Name Walgreens # 03851 Business Phone Number 920-722-4759

4. Address of Premises 305 Racine Street Post Office & Zip Code Menasha, WI 54952

5. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? Yes No

6. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? Yes No

7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? Yes No

8. (a) Corporate/limited liability company applicants only: Insert state _____ and date _____ of registration.

(b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? Yes No

(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 Wisconsin? Yes No

(NOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 above.)

9. Premises description: Describe building or buildings where alcohol beverages are to 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.) Retail Drug Store w/Sundries in a One story building of 13, 905 square feet

10. Legal description (omit if street address is given above): _____

11. (a) Was this premises licensed for the sale of liquor or beer during the past license year? Yes No

(b) If yes, under what name was license issued? _____

12. Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630.5) before beginning business? [phone 1-800-937-8864] Yes No

13. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown in Section 2, above? [phone (608) 266-2776]. Yes No

14. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.) Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

SUBSCRIBED AND SWORN TO BEFORE ME

this 8th day of OCTOBER, 2009

[Signature]
(Clerk/Notary Public)

My commission expires 5/17/2012

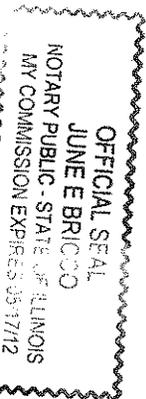
Margarita Kellen (Margarita E. Kellen)
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)

(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)

(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	



AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

INDIVIDUAL'S FULL NAME (Please Print) (Last Name)		(First Name)	(Middle Name)	SOCIAL SECURITY NUMBER	
Spina		John	W.		
HOME ADDRESS (Street/Route)			POST OFFICE	STATE	ZIP CODE
21191 Creekside Dr.			Kildeer	IL	60047
HOME PHONE NUMBER	AGE	DATE OF BIRTH		PLACE OF BIRTH	
847-914-2500					

The above named individual provides the following information as a person who is (check one):

- Applying for an alcohol beverage license as an individual.
- A member of a partnership which is making application for an alcohol beverage license.
- Officer of WALGREEN CO.
(Officer/Director/Member/Manager/Agent) (NAME OF CORPORATION, LIMITED LIABILITY COMPANY OR NONPROFIT ORGANIZATION)
which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? n/a
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any municipality? Yes No
(If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending.) (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any municipality? Yes No
(If yes, describe status of charges pending.)
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
(If yes, identify.) Walgreen Co. currently holds an interest in hundreds of liquor licenses in various jurisdictions nationwide
(NAME, LOCATION AND TYPE OF LICENSE/PERMIT)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer license, brewery permit or wholesale liquor permit in the State of Wisconsin? Yes No
(If yes, identify.) _____
(NAME OF WHOLESALE LICENSEE OR PERMITTEE) (ADDRESS BY CITY AND COUNTY)
- Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	From	Employed To
Walgreen Co.	200 Wilmot Rd., Deerfield, IL 60015		Present

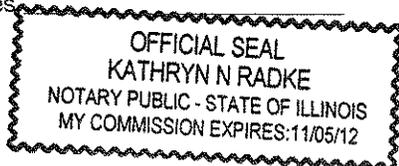
The undersigned, being first duly sworn on oath, deposes and says that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application.

Subscribed and sworn to before me

this 13th day of October, 2009
Kathryn Radke
(CLERK/NOTARY PUBLIC)

John W. Spina
(SIGNATURE OF NAMED INDIVIDUAL)
John W. Spina

My commission expires _____



**AUXILIARY QUESTIONNAIRE
ALCOHOL BEVERAGE LICENSE APPLICATION**

Submit to municipal clerk.

INDIVIDUAL'S FULL NAME (Please Print) (Last Name)		(First Name)	(Middle Name)	SOCIAL SECURITY NUMBER	
Kellen		Margarita	Evelyn		
HOME ADDRESS (Street/Route)			POST OFFICE	STATE	ZIP CODE
845 Wagner Road			Glenview	IL	60025
HOME PHONE NUMBER	AGE	DATE OF BIRTH		PLACE OF BIRTH	
847-914-2500					

The above named individual provides the following information as a person who is (check one):

- Applying for an alcohol beverage license as an individual.
- A member of a partnership which is making application for an alcohol beverage license.
- Officer of WALGREEN CO.
(Officer/Director/Member/Manager/Agent) (NAME OF CORPORATION, LIMITED LIABILITY COMPANY OR NONPROFIT ORGANIZATION)
 which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

1. How long have you continuously resided in Wisconsin prior to this date? N/A
2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any municipality? . Yes No
 (If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending.) (If more room is needed, continue on reverse side of this form.)
3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any municipality? Yes No
 (If yes, describe status of charges pending.)
4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
 (If yes, identify.) Walgreen Co. currently holds an interest in hundreds of liquor licenses in various jurisdictions nationwide
(NAME, LOCATION AND TYPE OF LICENSE/PERMIT)
5. Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer license, brewery permit or wholesale liquor permit in the State of Wisconsin? Yes No
 (If yes, identify.) _____
(NAME OF WHOLESALE LICENSEE OR PERMITTEE) (ADDRESS BY CITY AND COUNTY)
6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	From	Employed To
<u>Walgreens</u>	<u>200 Wilmot Road, Deerfield, IL 60015</u>	<u>1999</u>	<u>Present</u>

The undersigned, being first duly sworn on oath, deposes and says that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application.

Subscribed and sworn to before me

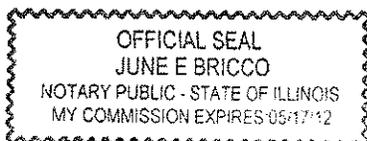
this 8th day of OCTOBER, 2009
Jane S. Brizzo
(CLERK/NOTARY PUBLIC)

Margarita Kellen
(SIGNATURE OF NAMED INDIVIDUAL)
 Margarita E. Kellen

My commission expires 5/17/12

AT-103 (R. 01-01)

Printed on Recycled Paper
 Wisconsin Department of Revenue



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 the officer(s) of the corporation/organization or members/managers of a limited liability company and the recommendation made by the proper local official.

To the governing body of: Town/Village/City of Menasha County of Winnebago

The undersigned duly authorized officer(s)/members/managers of WALGREEN CO.
(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

Walgreens #03851
(trade name)

located at 305 Racine Street, Menasha, WI 54952

appoints MICHAEL GORDON JACKLIN
(name of appointed agent)
3121 Twin Willow Ct, Appleton, WI 54914
(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).

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? 40 yrs

Place of residence last year 3121 Twin Willow Ct, Appleton, WI 54914

For: WALGREEN CO.
(name of corporation/organization/limited liability company)
By: Margarita E. Kellen
(signature of Officer/Member/Manager)
Margarita E. Kellen, Assistant Secretary
And: _____
(signature of Officer/Member/Manager)

ACCEPTANCE BY AGENT

MICHAEL GORDON JACKLIN
(print type agent's name) hereby accept this appointment as agent for the 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.

Michael Gordon Jacklin 9/1/2009
(signature of agent) (date) Agent's age _____
3121 Twin Willow Ct, Appleton, WI 54914
(home address of agent) Date of birth _____

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 10/16/09 by [Signature] Title Chief of Police
(date) (signature of proper local official) (town clerk, village president, police chief)

**AUXILIARY QUESTIONNAIRE
ALCOHOL BEVERAGE LICENSE APPLICATION**

Submit to municipal clerk.

INDIVIDUAL'S FULL NAME (Please Print) (Last Name) <u>JACKLIN</u> (First Name) <u>MICHAEL</u> (Middle Name) <u>CORDON</u>		SOCIAL SECURITY NUMBER	
HOME ADDRESS (Street/Route) <u>3121 Wind Willow Ct</u>		POST OFFICE <u>Appleton</u>	STATE <u>WI</u> ZIP CODE <u>54914</u>
HOME PHONE NUMBER <u>(920)-749-4720</u>	AGE		

The above named individual provides the following information as a person who is (check one):

- Applying for an alcohol beverage license as an individual.
- A member of a partnership which is making application for an alcohol beverage license.
- Agent of WALGREEN CO
(Officer/Director/Member/Manager/Agent) (NAME OF CORPORATION, LIMITED LIABILITY COMPANY OR NONPROFIT ORGANIZATION)
which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

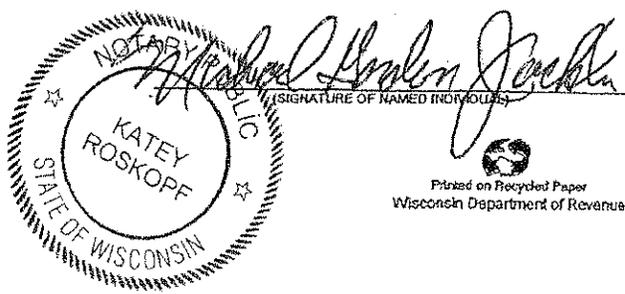
- How long have you continuously resided in Wisconsin prior to this date? 40 yrs
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any municipality? Yes No
(If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending.) (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any municipality? Yes No
(If yes, describe status of charges pending.)
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
(If yes, identify.) (NAME, LOCATION AND TYPE OF LICENSE/PERMIT)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer license, brewery permit or wholesale liquor permit in the State of Wisconsin? Yes No
(If yes, identify.) (NAME OF WHOLESALE LICENSEE OR PERMITTEE) (ADDRESS BY CITY AND COUNTY)

- Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
<u>Walgreens</u>	<u>305 Racine St, MENASHA, W.</u>	<u>9/16/74</u>	<u>Present</u>
<u>KLWES DEPT STORE,</u>	<u>Berkash, W.</u>	<u>1969</u>	<u>9/16/74</u>

The undersigned, being first duly sworn on oath, deposes and says that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application.

Subscribed and sworn to before me
 this 1 day of Sept, 2009
Katey Roskopf
(CLERK/NOTARY PUBLIC)
 My commission expires 8/17/10



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Wisconsin Department of Revenue