

**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 of Wauwatosa County of Milwaukee  
 City

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 #04095  
(trade name)

located at 10800 W CAPITOL DR WAUWATOSA, WI 53222

appoints Thomas Tousignant  
  
(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? 41 years

Place of residence last year \_\_\_\_\_

For: Walgreen Co.  
(name of corporation/organization/limited liability company)


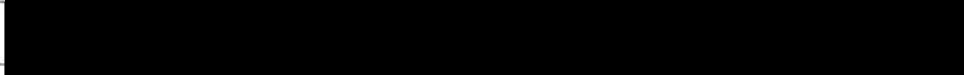
By:   
(signature of Officer/Member/Manager)

And: \_\_\_\_\_  
(signature of Officer/Member/Manager)

**ACCEPTANCE BY AGENT**

I, Thomas Tousignant, 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.

 06/19/23  
  
(home address of agent) Agent's age \_\_\_\_\_ 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 \_\_\_\_\_ by \_\_\_\_\_ Title \_\_\_\_\_  
(date) (signature of proper local official) (town chair, village president, police chief)

CHANGE OF AGENT FEE \$10.00

### SCHEDULE FOR SUCCESSOR OF AGENT

If there is a change in agent, each club, corporation, or limited liability company who holds a retail permit to sell fermented malt beverages and/or intoxicating liquor must appoint a successor agent pursuant to sec. 125.04(6), Wis. Stats. The following questions must be answered by the Agent. The appointment must be signed by the President and Secretary or members of limited liability company. The appointment must be approved by the proper local official.

Wauwatosa, Wisconsin 06/19 2023  
(Municipality) (Date)

- Name of Agent Thomas Tousignant Date of Birth [REDACTED]
- Are you of legal drinking age? Yes  No  Wisconsin Driver's License #: [REDACTED]
- Have you been a resident of Wisconsin for at least 90 continuous days prior to the date of appointment as agent? Yes  No
- Have you ever been convicted of a federal law violation? Yes  No  State law violation? Yes  No   
Local ordinance violation? Yes  No  Explain \_\_\_\_\_

5. Previous occupation Assistant Manager

UNDER PENALTY OF LAW, I declare that all of the above information is true and correct to the best of my knowledge and belief.

[Signature] \_\_\_\_\_  
(Signature of Agent) (Home # or Cell #)  
[REDACTED] \_\_\_\_\_  
(Home Address, City, State, Zip) (email) ✓

#### SUCCESSOR AGENT

The undersigned appoints Thomas Tousignant as agent in accordance with sec. 125.04(6), Wis. Stats.

Name of Permittee Walgreen Co.  
(Corporation, LLC, Sole Proprietor)  
Date 06/19 2023 By [Signature] Brian Brown, Vice President  
(Signature of President/Member)  
\_\_\_\_\_  
(Signature of Secretary/Member)

I hereby accept appointment as agent for Walgreens #04095 and assume full responsibility for the conduct of the business relative to fermented malt beverages and intoxicating liquors.

Date 06/19 2023 [Signature]  
(Signature of Agent)

THE AGENT APPOINTED ABOVE MUST BE APPROVED AS FOLLOWS:  
 (a) In towns, by the Town Chalmrman  
 (b) In villages, by the Village President  
 (c) In cities, by the Licensing Authority  
 The appointment above is herewith approved.

\_\_\_\_\_  
Wis., \_\_\_\_\_ 20\_\_\_\_\_  
\_\_\_\_\_  
(Signature of Official)  
\_\_\_\_\_  
(Title)

# Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Tousignant Thomas		Nathan			
Home Address (street/route)		Post Office	City	State	Zip Code
Home Phone Number			Age	Date of Birth	Place of Birth

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? 41 years
- 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 county or 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 county or 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 permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier 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 <u>Walgreens</u>	Employer's Address <u>Deerfield, IL</u>	Employed From <u>6/2007</u>	To <u>current</u>
Employer's Name <u>Jen61-Osc0</u>	Employer's Address <u>Chicago, IL</u>	Employed From <u>5/2002</u>	To <u>5/2007</u>

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees 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. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

  
 \_\_\_\_\_  
(Signature of Named Individual)