Form **AB-200**

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	
License Period	

License(s) Requested: (up to two boxes may be checked)

- ☐ Class "A" Beer . . . . . $ _____
- ☑ Class "B" Beer . . . . . $ _____
- ☐ "Class A" Liquor . . . . . $ _____
- ☐ "Class B" Liquor . . . . . $ _____
- ☐ "Class A" Liquor (cider only) $ _____
- ☑ Reserve "Class B" Liquor $ _____
- ☐ "Class C" Liquor (wine only) $ _____

Fees	
License Fees	$
Background Check Fee	$
Publication Fee	$
Total Fees	$

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)
Nordstrom, Inc.

2. Business Trade Name or DBA
Nordstrom Marketplace Cafe

3. FEIN
91-0515058

4. Wisconsin Seller's Permit Number

5. Entity Type *(check one)*
☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☑ Corporation ☐ Nonprofit Organization

6. State of Organization
WA

7. Date of Organization
09/28/1946

8. Wisconsin DFI Registration Number
N042748

9. Premises Address
~~2500~~ 2424 North Mayfair Road

10. City
Wauwatosa

11. State
WI

12. Zip Code
53226

13. County
Milwaukee

14. Governing Municipality: ☑ City ☐ Town ☐ Village
of: Wauwatosa

15. Aldermanic District

16. Premises Phone
(414) 203-6900

17. Premises Email
restlic@nordstrom.com

18. Website

19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.

Please see attached Plan of Operation & floor plan for alcohol storage, including locking cages for backstock. Respectfully requesting whole store permission for alcohol consumption, including within the full-railed outdoor patio space, with alcohol being sold from within the Nordstrom Marketplace Cafe. All alcohol purchased through Fintech, a third-party service provider for prompt payment of alcohol invoices and retention of records.

20. Mailing Address (if different from premises address)
Attn: Restaurant Licensing, 1600 7th Avenue, Suite 2500

21. City
Seattle

22. State
WA

23. Zip Code
98101

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☑ No

If yes, list the details of violation below. Attach additional sheets if necessary.

Law/Ordinance Violated	Location	Trial Date
N/A		
Penalty Imposed		Was sentence completed? . . . . . ☐ Yes ☐ No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? . . . . . ☐ Yes ☐ No

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☑ No

If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? ☐ Yes ☑ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ☑ Yes ☐ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity	4b. Business Entity FEIN
Nordstrom Holdings, Inc.	33-2433467

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☑ Yes ☐ No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☑ No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☑ No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
Jenquine	Veronica	Agent	(415) 794-9904
Nordstrom	Erik	Director & Co-CEO	(206) 373-4025
Nordstrom	Peter	Co-CEO	(206) 373-4070
Steines	Ann	Corp. Secretary	(206) 373-2141

Part D: Attestation

One of the following must sign and attest to this application:

• sole proprietor • one general partner of a partnership • one corporate officer • one 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.

Last Name	First Name	M.I.
Steines	Ann	M

Title	Email	Phone
Chief Legal Officer, General Counsel & Corp. Secretary	restlic@nordstrom.com	(206) 373-2141

Signature: [signature] Date: 9.29.25

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued

Signature of Clerk/Deputy Clerk	Date Provisional License Issued (if applicable)

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☑ No

If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? ☐ Yes ☑ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ☑ Yes ☐ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed

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Nordstrom Holdings, Inc.	33-2433467

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7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☑ No

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Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
Mulligan	Rebecca	VP Restaurant Ops	(917) 733-6094

Part D: Attestation

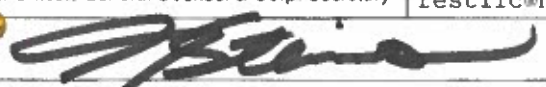
One of the following must sign and attest to this application:

• sole proprietor • one general partner of a partnership • one corporate officer • one 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.

Last Name	First Name	M.I
Steines	Ann	M

Title	Email	Phone
Chief Legal Officer, General Counsel & Corp. Secretary	restlic@nordstrom.com	(206) 373-2141

Signature:  Date: 9.29.25

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued

Signature of Clerk/Deputy Clerk	Date Provisional License Issued (if applicable)

BUSINESS PLAN OF OPERATION
FOR NORDSTROM, INC.
LOCATION AT 2424 NORTH MAYFAIR ROAD,
WAUWATOSA, WISCONSIN

1. Proposed Use. Nordstrom, Inc. ("Nordstrom") is located at 2424 North Mayfair Road, (the "Property"), in the City of Wauwatosa, Wisconsin (the "City") and desires to reopen a restaurant named Nordstrom Marketplace Cafe ("Restaurant") within Nordstrom ("Department Store").

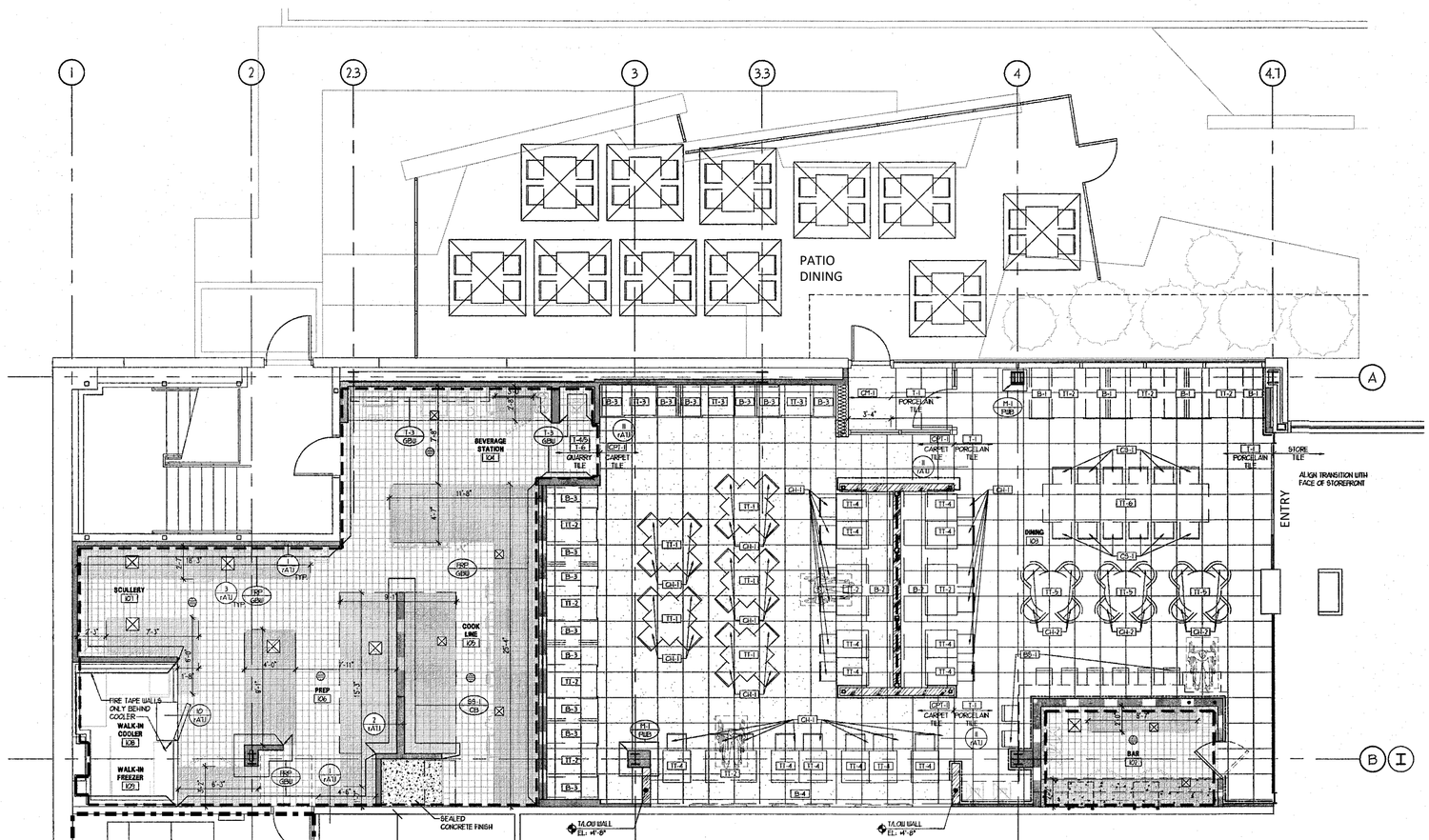
2. Activities. The Restaurant will be located within the store and will serve food and alcoholic beverages for guests to consume throughout the Property.

3. Outside Activities/Storage. Nordstrom does intend to conduct outside activities on the Property. These outside activities include the guests consuming food and beverages (alcoholic & non-alcoholic) in the outdoor seating area. This area is completely enclosed by a railing. There is no outdoor storage planned on the Property.

4. Hours of Operation. Nordstrom intends to operate the Restaurant from 11A-5P Sunday-Saturday.

5. Number of Employees and Parking Provisions. Nordstrom anticipates that approximately 15 employees will work at the Restaurant. With the recent hire of Veronica Jenquine as General Manager, Nordstrom is actively recruiting for all other front of house and back of house positions.

6. Alcohol Invoices. Nordstrom utilizes Fintech, a third-party service provider, for alcohol ordering, payment of invoices, and record retention, per regulatory requirements.



2 FLOOR FINISH & FURNITURE PLAN

1/4" = 1'-0"

SEATING LEGEND

SEATING UNIT	NUMBER OF UNITS	PERSONS PER UNIT	TOTAL PERSONS
4 TOP - 3'-0" X 3'-0"	5	4	20
4 TOP - 2'-6" X 4'-0"	10	4	40
2 TOP - 2'-6" X 2'-6"	3	2	6
2 TOP - 2'-2" X 2'-6"	14	2	28
4 TOP 3'-0" X 3'-0" X 2"	3	4	12
12 TOP - 13'-0" X 3'-0"	1	12	12
STOOL	8	1	8
ADA	1	1	1
TOTAL SEATING:			127

FURNITURE SUPPLIED BY OWNER, INSTALLATION AND MILLWORK BY G.C.

FURNITURE SCHEDULE

PROVIDED BY OWNER, INSTALLED BY G.C.

TABLES & BASES

	DESCRIPTION	QUANTITY
TT-1	4 TOP TABLES - 3'-0" x 3'-0" x 2" THK EASED WOOD EDGE: WHITE OAK WITH CUSTOM STAIN MATTE SEALER LAMINATE INSET: FORMICA - EARTHEN WARP	5
	BASE: AT-55 30" Ø WELDED X BASE-28"H FINISH: NATURAL STEEL CONTACT: TAMARA RACHEL - 888.812.7169, EXT. 841	5
TT-2	4 TOP TABLES - 2'-6" x 4'-0" x 2" THK EASED WOOD EDGE: NATURAL WHITE OAK WITH C.S. MATTE SEALER LAMINATE INSET: FORMICA - EARTHEN WARP	10
	BASE: AT-55 27" Ø WELDED T BASE-28"H FINISH: NATURAL STEEL CONTACT: TAMARA RACHEL - 888.812.7169, EXT. 841	10 SETS
TT-3	2 TOP TABLES - 2'-6" x 2'-6" x 2" THK EASED WOOD EDGE: NATURAL WHITE OAK WITH C.S. MATTE SEALER LAMINATE INSET: FORMICA - EARTHEN WARP	3
	BASE: AT-55 27" Ø WELDED X BASE-28"H FINISH: NATURAL STEEL CONTACT: TAMARA RACHEL - 888.812.7169, EXT. 841	3
TT-4	2 TOP TABLES - 2'-2" x 2'-6" x 2" THK EASED WOOD EDGE: NATURAL WHITE OAK WITH MATTE SEALER LAMINATE INSET: FORMICA - EARTHEN WARP	14
	BASE: AT-55 27" Ø WELDED X BASE-28"H FINISH: NATURAL STEEL CONTACT: TAMARA RACHEL - 888.812.7169, EXT. 841	14
TT-5	4 TOP TABLES - 3'-6" x 2" THK EASED WOOD EDGE: NATURAL WHITE OAK WITH MATTE SEALER LAMINATE INSET: FORMICA - EARTHEN WARP	3
	BASE: AT-55 30" Ø WELDED X BASE-28"H FINISH: NATURAL STEEL CONTACT: TAMARA RACHEL - 888.812.7169, EXT. 841	3
TT-6	COMMUNAL TABLE 12-TOP TABLE - 13'-0" X 3'-0" RECLAIMED WALNUT TOP COUNTER HEIGHT OUTLETS MOUNTED ON TABLE TOP	1
	CUSTOM BASE BASE FINISH: POWDERCOAT BLACK	3

CHAIRS

	DESCRIPTION	QUANTITY
CH-1	BEAUFURN - MARY-CH CUSTOM STAIN SEAT VINYL: DESIGNTEX - ARGUMO - OASIS	40
CH-2	BEAUFURN - LARSEN - CH ARM CHAIR WITH WOOD LEGS BACK AND SEAT VINYL: DESIGNTEX-ARGUMO-OASIS	12

COUNTER STOOLS

	DESCRIPTION	QUANTITY
CS-1	COUNTER STOOL AT COMMUNAL BEAUFURN - MARY - CS CUSTOM STAIN SEAT VINYL: KRAVET - LORIS 30	12

BAR STOOLS

	DESCRIPTION	QUANTITY
BS-1	BAR STOOL AT BAR BEAUFURN - MARY - BS CUSTOM STAIN SEAT VINYL: KRAVET - LORIS 30	8

BOOTHS

	DESCRIPTION	QUANTITY
B-1	BACK FABRIC - ARC-COM MOON BEAM 2 - AC-60584 STONE - 971	-
	SEAT VINYL - KRAVET LORIS # 30	-
B-2	BACK FABRIC - KNOLL TEXTILES SAVANNA - SAVANNA ITEM # KC16691	-
	SEAT VINYL - KRAVET LORIS # 30	-
B-3	BACK FABRIC - ARC-COM MOON BEAM 2 - AC-60584 STONE - 971	-
	SEAT VINYL - KRAVET LORIS # 30	-
B-4	BACK AND SEAT VINYL - KRAVET LORIS # 30	-

SYMBOLS LEGEND

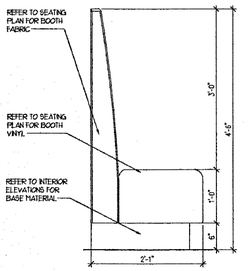
- AREA OF SMOOTH QUARRY TILE UNDER EQUIPMENT - VERIFY DIMENSIONS IN FIELD
- X-Y — FLOOR FINISH
- X1-Y1 — FLOOR BASE
- X — WALL FINISH
- X2 — WALL SUBSTRATE
- CG EC — CORNER GUARDS & END CAPS BY FRD
- LINE REPRESENTS LIMITS OF WATERPROOFING. 12" UP FROM WALLS & 12" ON TO FLOOR. TYP. ALL WALLS LOCATED WITH LIMITS
- CB — CEMENTITIOUS BACKER BOARD
- GB — GYPSUM WALLBOARD
- GBR — TYPE 'X' GYPSUM WALLBOARD
- GBH — WATER RESISTANT GYPSUM BD.
- PWD — ¾" F.T. PLYWOOD

WATERPROOFING NOTES:

1. PROVIDE MOVEMENT JOINTS @ 32' CENTERS AND AROUND ALL WALLS, DRAINS (RIGID OBSTACLES)
2. ALL WALLS WITHIN WATERPROOF LIMITS TO RECEIVE WATERPROOFING 12" UP WALL SURFACE.

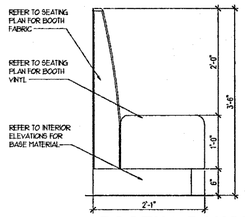
7 BANQUETTE DETAIL (B-4)

1" = 1'-0"



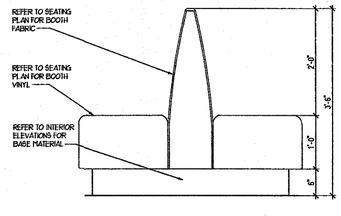
6 BOOTH/ BANQUETTE DETAIL (B-2, B-3)

1" = 1'-0"



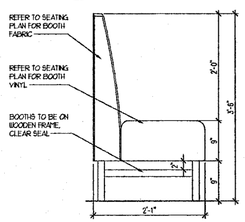
5 BOOTH DETAIL (B-3)

1" = 1'-0"



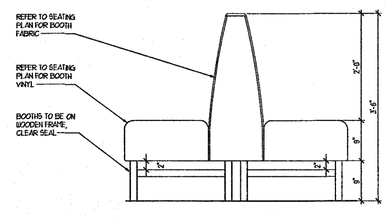
4 BOOTH DETAIL (B-1)

1" = 1'-0"



3 BOOTH DETAIL (B-1)

1" = 1'-0"



MARKETPLACE CAFE

Nordstrom
Mayfair Mall
2500 North Mayfair Road
Wauwatosa, WI 53226

FIELD VERIFICATION
Contractor shall verify all figured dimensions and conditions at the job site and notify the Architect of any dimensional errors, omissions or discrepancies before beginning or fabricating any work. Do not scale these drawings.

No	Date	Remarks
	09/25/14	ISSUED FOR CONSTRUCTION
	08/26/14	ISSUED FOR BID
	08/01/14	ISSUED FOR PERMIT

REVISIONS

Drawing Title
FLOOR FINISH & FURNITURE PLAN

Drawn ASP

Scale AS NOTED

Date 08/27/25

Sheet No.
rA1.1b

Mayfair - Store 282

Category	Menu Item	T1 Price
Starters		
	Roma Tomato Basil Soup Cup	$5.75
	Rustic Cheddar Chive Biscuit	$3.25
	Heirloom Tomatoes & Burrata	$12.00
	Cilantro Lime Chicken Tacos	$18.00
	Salt & Pepper Crush French Fries	$8.00
Salads		
	Wild Salmon Nicoise	$24.00
	Honey Dijon Cobb	$15.00
	Cilantro Lime	$15.00
	Ginger Sesame	$15.00
	Little Gem Caesar	$15.00
	Chicken Add-on	$6.00
	Salmon Add-on (4oz)	$10.00
Sandwiches		
	Roasted Turkey & Avocado Club	$18.00
	Nordstrom Burger	$18.75
	French Dip	$20.00
Kids		
	Buttered Noodles	$9.75
	Macaroni & Cheese	$10.50
	Grilled Cheese & Soup	$12.00
	Chicken Tenders	$12.00
	Seared Wild Salmon	$16.00
	Roasted Chicken Breast	$14.00
	6oz Gluten Free Penne	$-
Dessert		
	Royale Cookie	$3.50
	Chocolate Chunk Cookie	$3.50
	Snickerdoodle Cookie	$3.50
	Oatmeal Raisin Cookie	$3.50
	Tillamook Ice Cream	$4.00

Category	Menu Item	T1 Price
Wine		
	Ruffino Prosecco	$13.00
	Kim Crawford Sauvignon Blanc	$13.00
	Mimi Chardonnay	$13.00
	Calafuria Rose	$15.00
	Erath Pinot Noir	$14.00
	Mimi Cabernet	$14.00
Beer		
	Beer #1	$5.50
	Beer #2	$5.50
	Beer #3	$5.50
Cocktails		
	Kiss My Cranberries	$17.00
	Cranberry Bliss	$17.00
	Nordy Margarita	$17.00
	Moscow Mule	$16.00
	Espresso Martini	$17.00
	French 75	$16.00

Form
AB-101

Alcohol Beverage Appointment of Agent

Date 9/16/25

Agent Type *(check one)*

☑ Original (no fee) ☐ Successor ($10 fee for municipal licensees only)

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)
Nordstrom, Inc.

2. Business Trade Name or DBA
Nordstrom Marketplace Cafe

3. Entity Type *(check one)*
☐ Limited Liability Company ☑ Corporation ☐ Nonprofit Organization

4. Alcohol Beverage Business Authorization *(check one)*
☑ Municipal Retail License ☐ State Permit

5. If successor agent, provide State Permit or Municipal Retail License Number
N/A

6. Describe the reason for appointing a successor agent, if successor is checked above.
N/A

Part B: Agent Information

1. Last Name	2. First Name	3. M.I.
Jenquine	Veronica	E

4. Email [redacted]

5. Phone (415) 794-9904

6. Home Address [redacted]

7. City	8. State	9. Zip Code	10. Date of Birth
[redacted]			

11. Drivers License/State ID Number	12. Drivers License/State ID State of Issuance
[redacted]	

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion. ☑ Yes ☐ No

2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire* (licensee) or Form AB-300, *Alcohol Beverage Personal Questionnaire* (permittee)? ☑ Yes ☐ No

3. Have you been a Wisconsin resident for at least 90 continuous days? See instructions for exceptions. ☑ Yes ☐ 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	First Name	M.I.
Mulligan	Rebecca	K

Title	Email	Phone
VP Restaurant Operations	becky.mulligan@nordstrom.com	(917) 733-6094

Signature	Date
Rebecca K Mulligan	9/22/2025

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	First Name	M.I.
Jenquine	Veronica	E

Signature	Date
Veronica Jenquine	9/16/25

Form
AB-100

Alcohol Beverage Individual Questionnaire

Date 9/16/25

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

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- 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)
Nordstrom, Inc.

2. Business Trade Name or DBA
Nordstrom Marketplace Cafe

3. Entity Type *(check one)*
☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☑ Corporation ☐ Nonprofit Organization

Part B: Individual Information

1. Last Name	2. First Name	3. M.I.
Jenquine	Veronica	E

4. Relationship to Business (Title)	5. Email	6. Phone
General Manager	[redacted]	[redacted]

7. Home Address
[redacted]

8. City	9. State	10. Zip Code	11. Date of Birth
[redacted]			[redacted]

12. Drivers License/State ID Number	13. Drivers License/State ID State of Issuance
[redacted]	[redacted]

Part C: Address History

1. Do you currently live in Wisconsin? ☑ Yes ☐ No

If yes, provide the month and year when you permanently moved to Wisconsin (MM/YYYY) 06/2008

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

	City	State	Zip Code
Previous Address 1	[redacted]		
Previous Address 2			
Previous Address 3			
Previous Address 4			
Previous Address 5			

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
WI	Milwaukee	AZ	Maricopa	CA	San Francisco		

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	Location	Conviction Date
DUI	Milwaukee County	07/16/2016
Penalty Imposed: paid fine & 1 yr license suspension	Was sentence completed?..... ☑ Yes ☐ No	
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed?..... ☐ Yes ☐ No	
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed?..... ☐ Yes ☐ 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.

N/A

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
[signature]	9/16/25

Certificate

RESPONSIBLE BEVERAGE SERVER

awarded to

Veronica Jenquine

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. Stats.

www.Wisconsin-Bartending.com
Training Provider

09/16/2025
Training Date

Form
AB-100

Alcohol Beverage Individual Questionnaire

Date

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

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- 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)
Nordstrom, Inc.

2. Business Trade Name or DBA
Nordstrom Marketplace Cafe

3. Entity Type *(check one)*
☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☑ Corporation ☐ Nonprofit Organization

Part B: Individual Information

1. Last Name	2. First Name	3. M.I.
Steines	Ann	M

4. Relationship to Business (Title)	5. Email	6. Phone
CLO,Gen Counsel & Corp Sec	[redacted]	

7. Home Address
[redacted]

8. City	9. State	10. Zip Code	11. Date of Birth
[redacted]			

12. Drivers License/State ID Number	13. Drivers License/State ID State of Issuance
[redacted]	

Part C: Address History

1. Do you currently live in Wisconsin? ☐ Yes ☑ No

If yes, provide the month and year when you permanently moved to Wisconsin (MM/YYYY)

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

Previous Address 1	City	State	Zip Code
[redacted]			
Previous Address 2	City	State	Zip Code
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
WA	King	OH	Hamilton	KY	Kenton	VA	City-Richmond
VA	Henrico	WI	Milwaukee	CA	Los Angeles	DC	Washington

Continued ⟶

Form
AB-100

Alcohol Beverage Individual Questionnaire

Date

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

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

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Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)
Nordstrom, Inc.

2. Business Trade Name or DBA
Nordstrom Marketplace Cafe

3. Entity Type *(check one)*
☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☑ Corporation ☐ Nonprofit Organization

Part B: Individual Information

1. Last Name	2. First Name	3. M.I.
Steines	Ann	M

4. Relationship to Business (Title)	5. Email	6. Phone
	[redacted]	

7. Home Address

8. City	9. State	10. Zip Code	11. Date of Birth

12. Drivers License/State ID Number	13. Drivers License/State ID State of Issuance

Part C: Address History

1. Do you currently live in Wisconsin? ☐ Yes ☑ No

If yes, provide the month and year when you permanently moved to Wisconsin (MM/YYYY)

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

Previous Address 1	City	State	Zip Code
Previous Address 2	City	State	Zip Code
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
NY	Tompkins						
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	Location	Conviction Date
N/A		
Penalty Imposed	Was sentence completed?..... ☐ Yes ☐ No	
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed?..... ☐ Yes ☐ No	
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed?..... ☐ Yes ☐ No	

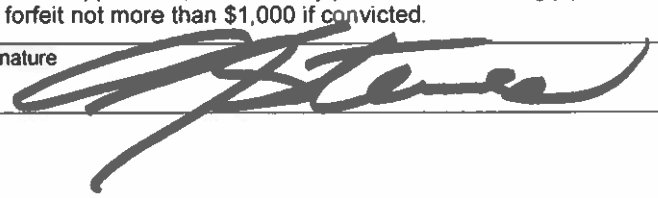
2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances?..... ☐ Yes ☑ No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

N/A

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
	9.22.25

Form
AB-100

Alcohol Beverage Individual Questionnaire

Date

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

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- 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)
Nordstrom, Inc.

2. Business Trade Name or DBA
Nordstrom Marketplace Cafe

3. Entity Type *(check one)*
☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☑ Corporation ☐ Nonprofit Organization

Part B: Individual Information

1. Last Name	2. First Name	3. M.I.
Mulligan	Rebecca	K

4. Relationship to Business (Title)	5. Email	6. Phone
VP, Restaurant Operations	[redacted]	[redacted]

7. Home Address
[redacted]

8. City	9. State	10. Zip Code	11. Date of Birth
[redacted]			

12. Drivers License/State ID Number	13. Drivers License/State ID State of Issuance
[redacted]	

Part C: Address History

1. Do you currently live in Wisconsin? ☐ Yes ☑ No

If yes, provide the month and year when you permanently moved to Wisconsin (MM/YYYY)

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

	City	State	Zip Code
Previous Address 1 [redacted]			
Previous Address 2			
Previous Address 3			
Previous Address 4			
Previous Address 5			

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
WA	King	NJ	Essex				

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	Location	Conviction Date
N/A		
Penalty Imposed	Was sentence completed? . . . . . ☐ Yes ☐ No	
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed? . . . . . ☐ Yes ☐ No	
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed? . . . . . ☐ Yes ☐ 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.

N/A

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Signature	Date
Fabian K Mullegan	9/22/2025

Form
AB-100

Alcohol Beverage Individual Questionnaire

Date

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- all partners of a partnership
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- members and agent of a limited liability company

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Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)
Nordstrom, Inc.

2. Business Trade Name or DBA
Nordstrom Marketplace Cafe

3. Entity Type *(check one)*
☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☑ Corporation ☐ Nonprofit Organization

Part B: Individual Information

1. Last Name	2. First Name	3. M.I.
Nordstrom	Erik	B

4. Relationship to Business (Title)	5. Email	6. Phone
Director & Co-CEO	[redacted]	

7. Home Address
[redacted]

8. City	9. State	10. Zip Code	11. Date of Birth
[redacted]			

12. Drivers License/State ID Number	13. Drivers License/State ID State of Issuance
[redacted]	

Part C: Address History

1. Do you currently live in Wisconsin? ☐ Yes ☑ No

If yes, provide the month and year when you permanently moved to Wisconsin (MM/YYYY)

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

	City	State	Zip Code
Previous Address 1 [redacted]			
Previous Address 2			
Previous Address 3			
Previous Address 4			
Previous Address 5			

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
WA	King	WA	Pierce				
CA	Orange	MN	Hennepin				

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	Location	Conviction Date
N/A		
Penalty Imposed	Was sentence completed? ☐ Yes ☐ No	
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed? ☐ Yes ☐ No	
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed? ☐ Yes ☐ No	

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Signature	Date
[signature]	9.22.25

Form
AB-100

Alcohol Beverage Individual Questionnaire

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Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)
Nordstrom, Inc.

2. Business Trade Name or DBA
Nordstrom Marketplace Cafe

3. Entity Type *(check one)*
☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☑ Corporation ☐ Nonprofit Organization

Part B: Individual Information

1. Last Name	2. First Name	3. M.I.
Dilts	Kelly	M

4. Relationship to Business (Title)	5. Email	6. Phone
CFO	[redacted]	[redacted]

7. Home Address
[redacted]

8. City	9. State	10. Zip Code	11. Date of Birth
[redacted]			

12. Drivers License/State ID Number	13. Drivers License/State ID State of Issuance
[redacted]	

Part C: Address History

1. Do you currently live in Wisconsin? ☐ Yes ☑ No

If yes, provide the month and year when you permanently moved to Wisconsin (MM/YYYY)

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

	City	State	Zip Code
Previous Address 1 [redacted]			
Previous Address 2 [redacted]			
Previous Address 3			
Previous Address 4			
Previous Address 5			

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
TN	Davidson	TX	Harris				
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

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Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed? ☐ Yes ☐ No	
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed? ☐ Yes ☐ No	

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Signature	Date
Kelly M Delb	9.22.25

Form
AB-100

Alcohol Beverage Individual Questionnaire

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Part A: Business Information

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2. Business Trade Name or DBA
Nordstrom Marketplace Cafe

3. Entity Type *(check one)*
☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☑ Corporation ☐ Nonprofit Organization

Part B: Individual Information

1. Last Name	2. First Name	3. M.I.
Nordstrom	Peter	E

4. Relationship to Business (Title)	5. Email	6. Phone
Co-CEO	[redacted]	[redacted]

7. Home Address
[redacted]

8. City	9. State	10. Zip Code	11. Date of Birth
[redacted]			

12. Drivers License/State ID Number	13. Drivers License/State ID State of Issuance
[redacted]	

Part C: Address History

1. Do you currently live in Wisconsin? ☐ Yes ☑ No

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	City	State	Zip Code
Previous Address 1 [redacted]			
Previous Address 2			
Previous Address 3			
Previous Address 4			
Previous Address 5			

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
WA	King						

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

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N/A		
Penalty Imposed	Was sentence completed? . . . . . ☐ Yes ☐ No	
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed? . . . . . ☐ Yes ☐ No	
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed? . . . . . ☐ Yes ☐ 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

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N/A

Part E: Attestation

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Signature	Date
[signature]	9/19/25

WISCONSIN DEPARTMENT OF REVENUE
PO BOX 8902
MADISON, WI 53708-8902

Contact Information:

2135 RIMROCK RD PO BOX 8902
MADISON, WI 53708-8902
ph: 608-266-2776 fax: 608-327-0235
email: DORBusinessTax@wisconsin.gov
website: revenue.wi.gov

001195

Letter ID L1251546672

NORDSTROM, INC.
1700 7TH AVE STE 1000
SEATTLE WA 98101-4407

Wisconsin Business Tax Registration Certificate

Expiration date: **May 31, 2026**

Legal/real name: **NORDSTROM, INC.**

- This certificate confirms that you are registered with the Wisconsin Department of Revenue for the tax types shown below.
- This registration certificate is not a seller's permit, and should not be used as proof that you hold a seller's permit.
- You may not transfer this certificate to any other individual or business.

Tax Type	Account Type	Number
Sales & Use Tax	Sales & Use Tax	456-0002859473-05
Local Exposition Tax	Local Exposition Tax	014-0002859473-08
Withholding Tax	Withholding Tax	036-0002859473-02

The following is a list of the business locations that you have registered with the Department of Revenue.

Store 0286

456-0002859473-05
NORDSTROM, INC.
7349 W TOWNE WAY
MADISON WI 53719-1028

Store 0282

456-0002859473-05
NORDSTROM, INC.
NORDSTROM
2424 NORTH MAYFAIR ROAD
WAUWATOSA WI 53226

Store 0272

456-0002859473-05
NORDSTROM, INC.
NORDSTROM RACK
11400 WEST BURLEIGH STREET
WAUWATOSA WI 53222