Form AB-200

Alcohol Beverage License Application

	For Municipal Use Only	
Municipa	akly	
License	Period	

License(s) Requested: (up to two boxes may	be checked)				Fees			
☐ Class "A" Beer \$ [☑ Class "B" Beer			License F		\$		
	☐ "Class B" Liquor .							
Class A^ Liquor (cider only) \$					nd Check Fee	\$		
	V Reserve Class B	ridnot 2		Publication	n Fee	\$		
"Class C" Liquor (wine only) \$	Totalss C. Liquor (wine only) \$							
Part A: Premises/Business Informatio								
Legal Business Name (individual name if sole pro	**							
Nordstrom, Inc.	, ,,							
2. Business Trade Name or DBA								
Nordstrom Marketplace Cafe								
3-FEIN 91-0515058		4. Wisconsin S	ieller's Pe	rmit Numbe	•			
5. Enlity Type (check one)		<u> </u>						
Sole Proprietor Partnership	Limited Liability	y Company	√ Co	orporation	Nonpro No	fil Organiz	ation	
6. State of Organization	7. Date of Organization	an		8. Wiscons	in DFI Registrati			
WA	09/28/1946	i		N0427	48			
9 Pranses Address 2560 North Mayfair Road								
10, City				11. State	12. Zip Code			
Wauwatosa				WI	53226			
13. County	14. Governing Municip		Town		15. Aldermani	c District		
Milwaukee 16. Premises Phone	17. Premises Email	Sd		18. We	heita			
(414) 203-6900	restlic@nord	dstrom.com	m	IG. WE	:Ualle			
19. Premises Description - Describe the building or are kept. Describe all rooms within the building, only on the premises described in this application. Please see attached Plan of Operation & Respectfully requesting whole store per patio space, with alcohol being sold fr Fintech, a third-party service provider.	including living quarters on. Attach a map or diag floor plan for al mission for alcoho om within the Nord	s Authorized ald gram and addition toohol storage toonsumption distrom Market	cohol bew nal sheet ge. incl on, incl place C	erage activiti s if necessar uding loct uding with afe. All	es and slorage of y. cing cages for the full- alcohol purc	r backsto railed ou hased thr	ck.	
20. Mailing Address (if different from premises addre	iss)							
Attn: Restaurant Licensin	g, 1600 7th /	Avenue, S	uite	2500				
21. Cily				22. State	23. Zip Code			
Seattle				AW	98101			
Part B: Questions Has the business (sole proprietorship, partnership), partnership, par	ances? Exclude traffic	c offenses unle	r corpora ess relati	tion) been ed to alcoh	convicted of ol beverages.	Yes	✓ No	
Law/Ordinance Violated	Location	,		T	rial Date			
N/A_								
Penalty Imposed			Was sen	tence com	oleted?	[] Yes	☐ No	
Law/Ordinance Violated	Location			1	rial Oate			
Penalty Imposed			Was sen	tence com	oleted?	Yes	□ No	
AB-200 (R. 1-25)		1			Was	onsin Departme	nt of Revenue	

Are charges for any offenses pen beverages.	ding against the business? Ex	clude traffic offenses unl	ess related to alcoh	nol [Yes	√ No
If yes, describe the nature and sta	atus of pending charges using	the space below. Attach	additional sheets a	s needed	3	
3. Is the applicant business or any individuals or entities a restricted	I investor with any interest in	an alcohol beverage pro	ducer or distributor		Yes	✓ No
If yes, provide the name of the re	astricted investor and describ	e the nature of the intere	St.			
Is the applicant business owned by	by another business entity?	ELECTRIC DE CONTROL DE		[7]	Yes	∏ No
If yes, provide the name(s) and F		wners below. Attach add				
4a. Name of Business Entity	7	4b. Business Entity FEIN				
Nordstrom Holdings,		33-2433467	Carlos as a contractor and a	for		
Have the partners, agent, or sole this license period? Submit proof					Yes	☐ No
6. Is the applicant business indebted	d to any wholesaler beyond 19	days for beer or 30 days	for liquor/wine?	, 📋	Yes	√ No
7. Does the applicant business owe	past due municipal property t	axes, assessments, or ot	her fees?		Yes	✓ No
Part C: Individual Information						
List the name, title, and phone number for		e following positions in the a	ipplicant business or	businesses	isted	in Parl B
Question 4: sole proprietor, all officers, di managers, and agent of a limited liability			all partners of a partn	ership, and) all me	embers,
Include Form AB-100 for each person list		T				
Last Name	First Name	Title		Phone		
Jenquine	Veronica	Agent		(415)	794	-9904
Nordstrom	Erik	Directo	r & Co-CEO	(206)	373	-4025
Nordstrom	Peter	Co-CEO		(206)	373	-4070
Steines	Ann	Corp. S	ecretary	(206)	373	-2141
Part D: Attestation			- Continue C			
One of the following must sign and a	ittest to this application					
• sole proprietor • one g	eneral partner of a partnership	o one corporate o	officer • one r	nember o	f an Li	LC
READ CAREFULLY BEFORE SIGNING I am acting solely on behalf of the applic rights and responsibilities conferred by I according to the law, including but not fit to any portion of a licensed premises du revocation of this license. I understand understand that I may be prosecuted for	cant business and not on behalf of the license(s), if granted, will not mited to, purchasing alcohol bev ring inspection will be deemed a that any license issued contrary	of any other individual or en- be assigned to another indi- erages from state authorize refusal to allow inspection. to Wis. Stat. Chapter 125 s	ity seeking the licens vidual or enlity. I agro d wholesalers. I undo Such refusal is a mis hall be void under pe	se. Further, se to opera erstand tha demeanor enalty of st	, I agre ate this at lack and gr ate law	ee that the business of access rounds fo vil furthe
ingly provides materially false information					,13011	
Last Name	First	Name			M.I.	
Steines	An	n	W 45.00			М
Title Chief Legal Officer, General Counsel 8	Corn Secretary			hone		
Signature Signature	restlic	@nordstrom.com	1	206) 3	173 -	2141
130	Lina		.29.25			
Part E: For Clerk Conly		N 17 - 22 00 00 00 00				
Date Application Was Filed With Clerk	License Number	Date Lie	cense Granted	Date Licen	Se (55)	ned
Signature of Clerk/Deputy Clerk			Date Provisional Lic	ense Issue	d (if ap	oplicable)
.8-200 (R 1-25)		2 -			-	
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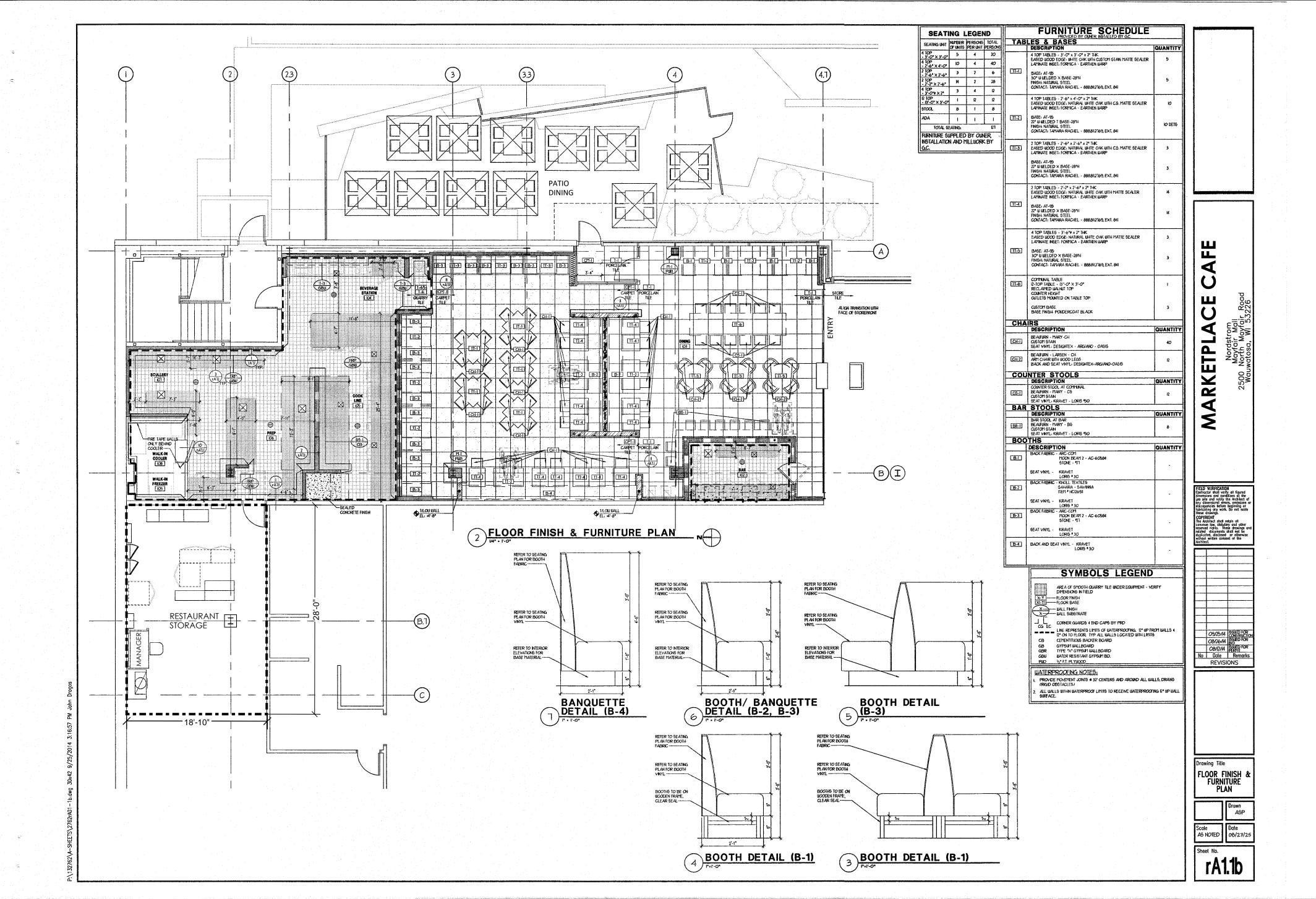
ab-2007.pdf 2 9/24/2025 11:13-92.AA

Severages								
3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other retailed individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor?		nding against the business?	Exclude traffic of	fenses unless related	to alco	hol , . 🔲	Yes	√ No
If yes, provide the name of the restricted investor with any interest in an alcohol beverage producer or distributor? If yes, provide the name of the restricted investor and describe the nature of the interest. If yes, provide the name of the restricted investor and describe the nature of the interest. 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 Ab. Business Entity FEIN NordStCTOM Holdlings, Inc. 33-243467 5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license perior? Submit proof of completion. 5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license perior? Submit proof of completion. 6. Is the applicant business on business on the proof of the service of the	If yes, describe the nature and s	tatus of pending charges us	ing the space bel	ow Attach additional	sheets a	as needed		
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Nordstrom Holdings, Inc. 5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. 7. Yes 6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? 7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? 7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? 8. The complete of the complete of the composition of the							Yes	∏ No
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Steines Ann Title Chief Legal Officer. General Counsel & Corp. Secretary restlic@nordstrom.com Phone (206) 373-2 Part E: For Clerk/se 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 app	I am acting solely on behalf of the applinghts and responsibilities conferred by according to the law, including but not to any portion of a licensed premises direvocation of this license. I understand understand that I may be prosecuted for	licant business and not on beha the license(s), if granted, will n limited to, purchasing alcohol b uring inspection will be deemed that any license issued contra or submilling false statements as	alf of any other individed be assigned to a beverages from stated a refusal to allow ary to Wis. Stat. Ch and affidavits in conf	vidual or entity seeking mother individual or en le authorized wholesali inspection. Such refusi apter 125 shall be void nection with this applica	the licentity. I agrees. I und at is a mist under polition, and	se. Further, ree to opera lerstand that sdemeanor enalty of st that any pe	, I agre ate this at lack and gr ate law	e that the business of access ounds for the further
Title Chief Legal Officer. General Counsel & Corp. Secretary restlic@nordstrom.com Phone (206) 373-2 Part E: For Clerk ase 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 app	Last Name	٤	irst Name				M.I.	
Chief Legal Officer. General Counsel & Corp. Secretary restlic@nordstrom.com Part E: For Clerk ase Only			Ann					М
Part E: For Clerk se 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 app				40 AMW	- 12			01.44
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		License Number		Date License Grant	ed	Date Licen	ise Issi	neq
	Signature of Clerk/Deputy Clerk		-	Date Prov	isional Lie	cense Issue	ed (if ap	plicable)
AB-200 (R 1-25) -2 =	B-200 (R 1-25)		-2-	7.				

ab-200f_extra officers.pdf 1

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

- 1. <u>Proposed Use</u>. 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. <u>Activities</u>. The Restaurant will be located within the store and will serve food and alcoholic beverages for guests to consume throughout the Property.
- 3. <u>Outside Activities/Storage</u>. 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. <u>Hours of Operation</u>. Nordstrom intends to operate the Restaurant from 11A-5P Sunday-Saturday.
- 5. <u>Number of Employees and Parking Provisions</u>. 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. <u>Alcohol Invoices</u>. Nordstrom utilizes Fintech, a third-party service provider, for alcohol ordering, payment of invoices, and record retention, per regulatory requirements.



Catego	ry Menu Item	T1 Price	9				
Starter	'S			Catego	ry	Menu Item	T1 Price
	Roma Tomato Basil Sou		\$5.75	Wine			
	Rustic Cheddar Chive Bi		\$3.25		-	Prosecco	\$13.00
	Heirloom Tomatoes & B		\$12.00		Kim Cra	awford Sauvign	
	Cilantro Lime Chicken Ta		\$18.00				\$13.00
	Salt & Pepper Crush Fre	nch Frie	S			hardonnay	\$13.00
						ia Rose	\$15.00
\$8.00						inot Noir \$14.0	
Salads					Mimi C	abernet	\$14.00
	Wild Salmon Nicoise	\$24.00					
	Honey Dijon Cobb	\$15.00		Beer			
	Cilantro Lime	\$15.0			Beer #2		\$5.50
	Ginger Sesame	\$15.0			Beer #2		\$5.50
	Little Gem Caesar	\$15.00			Beer #3	3	\$5.50
	Chicken Add-on \$6.00	440.00					
61	Salmon Add-on (4oz)	\$10.00		Cockta			447.00
Sandw		مام داریام				/ Cranberries	\$17.00
	Roasted Turkey & Avoca					rry Bliss \$17.0	
	Navdatuana Dunaan	-	3.00		•	Margarita	\$17.00
	Nordstrom Burger	\$18.75				w Mule	\$16.00
V:do	French Dip	\$20.0	J		•	so Martini	\$17.00
Kids	Buttered Noodles	\$9.75			French	/5	\$16.00
	Macaroni & Cheese	\$10.50	ı				
	Grilled Cheese & Soup	\$10.50					
	Chicken Tenders	\$12.00					
	Seared Wild Salmon	\$16.00					
	Roasted Chicken Breast						
	6oz Gluten Free Penne						
Desser		*					
	Royale Cookie		\$3.50				
	Chocolate Chunk Cookie	2	\$3.50				
	Snickerdoodle Cookie		,				
	Oatmeal Raisin Cookie	-					
	Tillamook Ice Cream		\$4.00				
			•				

Form AB-101

Alcohol Beverage Appointment of Agent



Agent Type (check one)					
✓ Original (no fee)	Successor (\$10 fee for me	unicipal licens	sees only)		
Part A: Business Inform					
Legal Business Name (individ	ual name if sole proprietor)				
Nordstrom, Inc.					
2. Business Trade Name or DBA	k .				
Nordstrom Market	place Cafe				
3. Entity Type (check one)	Limited Liability Company	/	Corporation	☐ Nonprofit Orga	anization
4. Alcohol Beverage Business A	uthorization (check one)	5. If successo	agent, provide Sta	ate Permit or Municipal Reta	ail License Number
Municipal Retail Lice	ense	N/A			
N/A					
Part B: Agent Information	on	2. First Name			3. M.I.
V		Veroni	7.0		E
Jenquine 4. Email		AGLOUIT	-a	5. Phone	
4. Citidii				(415)	794-9904
6. Home Address					
o. Home Address					
7. City	<u> </u>	8. State	9. Zip Code	10. Date o	f Birth
7. Oky		0. 0.0.0	,		
11. Drivers License/State ID Nur	mber		12. Drivers Lic	cense/State ID State of Issu	ance
				<u> </u>	
Part C: Agent Questions	s				
Have you satisfied the resolution Submit proof of completic	sponsible beverage server training.	ng requireme	nt?		✓ Yes No
2. Have you completed Forr Form AB-300, Alcohol Be	n AB-100, Alcohol Beverage Ind verage Personal Questionnaire	lividual Quesi (permittee)?	ionnaire (license	ee) or	✓ Yes No
Have you been a Wiscons See instructions for except	sin resident for at least 90 continutions.	nuous days?.			✓ Yes No
					Continued –

Part D: Business Attestation							
READ CAREFULLY BEFORE SIGNING: I, the corporation, nonprofit organization, or limited beverage activities on such premises. I certiful on behalf of the entity. If I am appointing a sure I understand that I may be prosecuted for sure any person who knowingly provides materially if convicted.	I liability com fy that I am an occessor ager bmitting false	pany with full authority and cou uthorized by the above-named nt, I rescind all previous agent a estatements and affidavits in co	ntrol of the preentity to authorize to provintments to the provintments to the provinted to	emises and o orize this indi for this premis this applicati	of all alcohol vidual to act ses. Further, on, and that		
Last Name		First Name			M.I.		
Mulligan		Rebecca			K		
Title	Email			Phone			
VP Restaurant Operations	becky.m	ulligan@nordstrom.co	om	(917) 7	33-6094		
Signature / Wille	Egan)	Date 9/2	12/20.	25		
	/						
Part E: Agent Attestation							
READ CAREFULLY BEFORE SIGNING: I, the nonprofit organization, or limited liability components on the premises for the above-named busines and affidavits in connection with this application may be required to forfeit not mor	pany and ass ess. I further on, and that a	ume full responsibility for the co understand that I may be pros any person who knowingly prov	onduct of all a secuted for su	Icohol bevera bmitting false	ige activities statements		
Last Name		First Name			M.I.		
Jenquine, /		Veronica			E		
Signature			Date 9/	16/25	,		

Form AB-100

Alcohol Beverage Individual Questionnaire



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.

rour alcol	nol beverage applicatio	n or renew	al is not complete	e until a	ııı required	individual Questionna		Submitted.
Part A:	Business Informati	on						
1. Legal B	lusiness Name (individual	name if sole	proprietor)					
	strom, Inc.							
	ss Trade Name or DBA							
Nord	strom Marketpl	ace Cai	Ee					
-	ype (check one)						<u></u>	No constitution of the state of
☐ Sol	le Proprietor P	artnership	Limited L	Liability	Company	✓ Corporation		lonprofit Organization
B	1.42.24.4	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\						
	Individual Informat	ion		2 Eiro	t Name			3, M.I.
1. Last Na					ronica			E
	uine Till		E E	VE	:TOILC:	·	16	Phone
	nship to Business (Title)		5. Email					
	eral Manager						<u>\$</u> ,	
7. Home A	Address							
9 Cit.				10	9. State	10. Zip Code	11	1. Date of Birth
8. City					,. ب ומוס			
12. Driver	's License/State ID Number	er				13. Drivers License/State	ID State	of Issuance
Part C	Address History						<u> </u>	
		nnsin?						✓ Yes 🗌 No
т. Бо ус	a contently live in vvisc	ononit						(MM/YYYY)
If yes	, provide the month and	d year wher	you permanently	/ move	d to Wisco	onsin		(MM/YYYY) 06/2008
	·							00/2000
		of your ad	dresses within the		years. Att	ach additional sheets if r		
Previous	Address 1			City			State	Zip Code
							04-1	Zio Code
Previous	Address 2			City			State	Zip Code
		<u></u>		1			04-4-	Zin Code
Previous	Address 3			City			State	Zip Code
							6:	75-0-31
Previous	Address 4			City			State	Zip Code
						<u> </u>	01.1	7in Cod-
Previous	Address 5			City			State	Zip Code
						<u>.</u>		
3. List a	Il states and counties y	ou have liv	ed in as an adult.	Attach	additional	sheets if necessary.		_
State County State County State County State County								
WI	Milwaukee	AZ	Maricopa		CA	San Francisco		<u> </u>
State	County	State	County		State	County	State	County
I	I .	1	1					

Continued \rightarrow

Part D: Criminal History				
Have you ever been convicted of any offenses (exclude for violation of any federal, Wisconsin, or another state of the state of th	e's laws or of any coun	ty or municipal ordinances?	. 🗸 Yes	☐ No
	Location	onal sheets as needed.	Conviction D	ato
Law/Ordinance Violated DUI	Milwaukee Co	110 = 1	07/16/	
Penalty Imposed	MII waukee CO	T	07/10/	2010
paid fine & 1 yr license suspensio	n	Was sentence completed?	. 🗸 Yes	☐ No
Law/Ordinance Violated	Location		Conviction D	ate
Penalty Imposed		Was sentence completed?	. Yes	☐ No
Law/Ordinance Violated	Location		Conviction D	ate
Penalty Imposed		Was sentence completed?	. Yes	☐ No
ordinances? If yes to question 2, describe nature and status of pe sheets as needed. N/A	nding charges using t	ne space below. Attach additional	. U Yes	V No
Part E: Attestation				
READ CAREFULLY BEFORE SIGNING: Under penal truthfully. I certify that I am not prohibited from particip beverage industry as a restricted investor. I understar under penalty of state law. I further understand that I may with this application, and that any person who knowing to forfeit not more than \$1,000 if convicted. Signature	ating in this business at that any license iss by be prosecuted for su	due to any involvement in anothe ued contrary to Wis. Stat. Chapte ibmitting false statements and affi	er tier of the er 125 shall l davits in con	alcohol be void nection



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		
Α	B-1	00

Date	
Date	

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

Part A: Business Information

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted

,	Business Name (individual	I name if sole	proprietor)					
	dstrom, Inc.			_			_	
	ss Trade Name or DBA							
	dstrom Marketpl	lace Ca	fe					
-	Type (check one)				_			
_ ∐ So	le Proprietor	Partnership	Limited I	Liability	/ Compan	y Corporation		Nonprofit Organization
	Individual Informa	tion		111				
1. Last Na				2. Fir:	st Name			3. M.L.
Stei				Ar	nn			M
l	nship to Business (Title)		5. Email				6	i. Phone
CLO,	Gen Counsel &	Corp S	ec					
7. Home	Address							
			h					
8. City				!	9. State	10. Zip Code	1	1. Date of Birth
-8		_				13. Drivers License/Stat	ID OLLA	9
12. Drive	rs License/State ID Numb	er				13. Drivers License/Stat	e ID State	orissuance
Part C:	Address History					DILES ES SEUN LIVES D	9 LO 340	
1. Do yo	ou currently live in Wisc	onsin?						Yes V No
						20 A6046944 VIII.		(MM/YYYY)
If yes	, provide the month and	d year wher	n you permanently	move	d to Wisc	onsin		
2 Lintin	obranalaginal arder at	Lofvourod	drocees within the	last 5	vears Att	ach additional sheets if	necessar	V.
	Address 1	or your au	uresses within the		years. All	acii additional sineets ii	State	Zip Code
Previous	Address 1			City			State	ZIP Code
				- 0"			Ctata	Zip Code
Previous	Address 2			City			State	Zip Code
				0.3			State	Zip Code
Previous	Address 3			City			State	Zip Code
							01-1-	70.0040
Previous	Address 4			City			State	Zip Code
							Chala	Zin Code
Previous	Address 5			City			State	Zip Code
3. List a	II states and counties y	ou have live	ed in as an adult.	Attach	additiona	sheets if necessary		
State	County	State	County		State	County	State	County
WA	King	ОН	Hamilton		KY	Kenton	VA	City-Richmond
State	County	State	County		State	County	State	County
VA	Henrico	WI	Milwaukee		CA	Los Angeles	DC	Washington
	1						1	

Form		
Α	B-1	00

Date		

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

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

Part A: Business Informa	tion		118	N Wall		8	
1. Legal Business Name (individu	al name if sol	e proprietor)			·		
Nordstrom, Inc.							
2. Business Trade Name or DBA							
Nordstrom Marketp	lace Ca	fe					
3. Entity Type (check one)							
Sole Proprietor	Partnership	Limited	Liability	Compan	y		Nonprofit Organization
Part B: Individual Inform	ation						White Ellips I have I
1. Last Name			2. Fire	st Name			3. M.I.
Steines			Ar	nn			M
4. Relationship to Business (Title)		5, Email					6. Phone
7. Home Address		·					
8. City				9. State	10. Zip Code		11. Date of Birth
2							
12. Drivers License/State ID Num	ber				13. Drivers License/Sta	te ID State	e of Issuance
Part C: Address History		The South State	12				
1. Do you currently live in Wis	consin?						Yes ✓ No
							(MM/VVVV)
If yes, provide the month ar	nd year whe	n you permanently	y move	d to Wisco	onsin		
0 1:-1:	.0 -6	Calana a a a a a a dalaina Alana	. 14.5		and additional abouts if		<u> </u>
2. List in chronological order a	III or your ac	idresses within the		years. Att	ach additional sheets if		
Previous Address 1			City			State	Zip Code
							7: 0-1-
Previous Address 2			City			State	Zip Code
					<u> </u>		7: 0:4:
Previous Address 3			City			State	Zip Code
Previous Address 4			City			State	Zip Code
Previous Address 5			City			State	Zip Code
			<u> </u>	·			
3. List all states and counties	you have liv	ed 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
' '							
					<u> </u>		

	unless related to alcohol beverage ounty or municipal ordinances?	
viction below. Attach ad	ditional sheets as needed.	
Location		Conviction Date
	Was sentence completed?	
Location		Conviction Date
	Was sentence completed?	Yes No
Location	-	Conviction Date
	Was sentence completed?	Yes No
		hol ☐ Yes 🗸 No
pending charges usin	g the space below. Attach addition	
enalty of law I have	answered each of the above oues	stions completely and
icipating in this busine	answered each of the above ques	ther tier of the alcohol
icipating in this busine stand that any license	ss due to any involvement in anot issued contrary to Wis. Stat. Chap	ther tier of the alcohol pter 125 shall be void
ticipating in this busine stand that any license I may be prosecuted fo	ss due to any involvement in anot	ther tier of the alcohol pter 125 shall be void affidavits in connection
ticipating in this busine stand that any license I may be prosecuted fo	iss due to any involvement in anot issued contrary to Wis. Stat. Chair submitting false statements and a sily false information on this application.	ther tier of the alcohol pter 125 shall be void affidavits in connection
ticipating in this busine stand that any license I may be prosecuted fo	ess due to any involvement in anot issued contrary to Wis. Stat. Chap r submitting false statements and a ally false information on this application.	ther tier of the alcohol pter 125 shall be void affidavits in connection ation may be required
ticipating in this busine stand that any license I may be prosecuted fo	iss due to any involvement in anot issued contrary to Wis. Stat. Chair submitting false statements and a sily false information on this application.	ther tier of the alcohol pter 125 shall be void affidavits in connection ation may be required
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ticipating in this busine stand that any license I may be prosecuted fo	ess due to any involvement in anot issued contrary to Wis. Stat. Chap r submitting false statements and a ally false information on this application.	ther tier of the alcohol pter 125 shall be void affidavits in connection ation may be required
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ticipating in this busine stand that any license I may be prosecuted fo	ess due to any involvement in anot issued contrary to Wis. Stat. Chap r submitting false statements and a ally false information on this application.	ther tier of the alcohol pter 125 shall be void affidavits in connection ation may be required
ticipating in this busine stand that any license I may be prosecuted fo	ess due to any involvement in anot issued contrary to Wis. Stat. Chap r submitting false statements and a ally false information on this application.	ther tier of the alcohol pter 125 shall be void affidavits in connection ation may be required
ticipating in this busine stand that any license I may be prosecuted fo	ess due to any involvement in anot issued contrary to Wis. Stat. Chap r submitting false statements and a ally false information on this application.	ther tier of the alcohol pter 125 shall be void affidavits in connection ation may be required
	Location Location Location Location Location Location	Was sentence completed? Location Was sentence completed? Location

Form			
Δ	B-1	00	

Date	_	
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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.

David A	Dunings Inform 4						
	Business Informati						
_	Business Name (individual	name if sol	e proprietor)				
	Astrom, Inc.						
	ss Trade Name or DBA	-	-				
	lstrom Marketpl	ace Ca	te				
	Type (check one)				-	· ·	
So	le Proprietor P	artnership	Limite	ed Liability Compa	iny ☑ Co	rporation	Nonprofit Organization
Part B:	Individual Informat	tion					
1. Last Na	ame			2. First Name	_		3. M.I.
Mull	ligan			Rebecc	Э		K
4. Relatio	nship to Business (Title)		5. Email		· ·	6	. Phone
VP,	Restaurant Ope	ration	ıs				
7. Home	-						
8. City				9_State	10. Zip Code	1	1. Date of Birth
12. Drive	rs License/State ID Numbe	er			13. Drivers L	icense/State ID State	of Issuance
Part C.	Address History						
7 110 1/0	ALC: P. L. S. Address of						
i. Do yo	ou currently live in Wisco	onsin?					☐ Yes 🗸 No
	•						Yes No
	ou currently live in Wisco						
If yes	, provide the month and	l year whe	n you permanei	ntly moved to Wis	consin		(MM/YYYY)
If yes	•	l year whe	n you permanei	ntly moved to Wis	consin		(MM/YYYY)
If yes	, provide the month and	l year whe	n you permanei	ntly moved to Wis	consin	I sheets if necessar	y.
If yes 2. List in	, provide the month and n chronological order all Address 1	l year whe	n you permanei	ntly moved to Wis	consin	sheets if necessar	y. Zip Code
If yes 2. List in	, provide the month and	l year whe	n you permanei	ntly moved to Wis	consin	I sheets if necessar	y.
If yes 2. List in Previous Previous	, provide the month and n chronological order all Address 1 Address 2	l year whe	n you permanei	the last 5 years. A	consin	I sheets if necessar State	y. Zip Code Zip Code
If yes 2. List in Previous Previous	, provide the month and n chronological order all Address 1	l year whe	n you permanei	ntly moved to Wis	consin	sheets if necessar	y. Zip Code
If yes 2. List in Previous Previous Previous	, provide the month and n chronological order all Address 1 Address 2 Address 3	l year whe	n you permanei	the last 5 years. A City City City	consin	State State State	y. Zip Code Zip Code
If yes 2. List in Previous Previous Previous	, provide the month and n chronological order all Address 1 Address 2	l year whe	n you permanei	the last 5 years. A	consin	I sheets if necessar State	y. Zip Code Zip Code
If yes 2. List in Previous Previous Previous	, provide the month and a chronological order all Address 1 Address 2 Address 3 Address 4	l year whe	n you permanei	the last 5 years. A City City City City	consin	State State State State State	Zip Code Zip Code Zip Code
If yes 2. List in Previous Previous Previous	, provide the month and n chronological order all Address 1 Address 2 Address 3	l year whe	n you permanei	the last 5 years. A City City City	consin	State State State	y. Zip Code Zip Code
If yes 2. List in Previous Previous Previous	, provide the month and a chronological order all Address 1 Address 2 Address 3 Address 4	l year whe	n you permanei	the last 5 years. A City City City City	consin	State State State State State	Zip Code Zip Code Zip Code
If yes 2. List in Previous Previous Previous Previous Previous	, provide the month and a chronological order all Address 1 Address 2 Address 3 Address 4	of your ac	n you permaner	city City City City City City	consin	State State State State State State State	Zip Code Zip Code Zip Code
If yes 2. List in Previous Previous Previous Previous Previous	, provide the month and a chronological order all Address 1 Address 2 Address 3 Address 4 Address 5	of your ac	n you permaner	city City City City City City	consin	State State State State State State State	Zip Code Zip Code Zip Code
If yes 2. List in Previous Previous Previous Previous A List a State	, provide the month and chronological order all Address 1 Address 2 Address 3 Address 4 Address 5	of your ac	n you permaner Idresses within	city City City City City City City City City	al sheets if nec	State State State State State State State	y. Zip Code Zip Code Zip Code Zip Code
If yes 2. List in Previous Previous Previous Previous Previous 3. List a	, provide the month and a chronological order all Address 1 Address 2 Address 3 Address 4 Address 5	of your ac	n you permaner	city City City City City City City City City	al sheets if nec	State State State State State State State	y. Zip Code Zip Code Zip Code Zip Code
If yes 2. List in Previous Previous Previous Previous 3. List a State WA	, provide the month and chronological order all Address 1 Address 2 Address 3 Address 4 Address 5	of your action of you	red in as an adu County Essex	city City City City City State	al sheets if nec	State	Zip Code Zip Code Zip Code Zip Code Zip Code Zip Code
If yes 2. List in Previous Previous Previous Previous 3. List a State WA	, provide the month and chronological order all Address 1 Address 2 Address 3 Address 4 Address 5	of your action of you	red in as an adu County Essex	city City City City City State	al sheets if nec	State	Zip Code Zip Code Zip Code Zip Code Zip Code Zip Code

Continued →

AB-100 (R. 1-25)

-1-

Wisconsin Department of Revenue

Part D: Criminal History			
Have you ever been convicted of any offenses (exclude for violation of any federal, Wisconsin, or another state)			
If yes to question 1, please list details of each conviction	on below. Attach addition	onal 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	-1	Was sentence completed?	. Yes No
Are charges for any offenses currently pending against beverages) for violation of any federal, Wisconsin, or a ordinances?			I Yes ✓ No
If yes to question 2, describe nature and status of persheets as needed. N/A	nding charges using th	ne space below. Attach additional	
- A 500 - A 44 A - A*			
Part E: Attestation			
READ CAREFULLY BEFORE SIGNING: Under pena truthfully. I certify that I am not prohibited from particip beverage industry as a restricted investor. I understan under penalty of state law. I further understand that I ma with this application, and that any person who knowing to forfeit not more than \$1,000 if convicted.	ating in this business of that any license issued that any license issued for su	due to any involvement in anothe ued contrary to Wis. Stat. Chapte bmitting false statements and affi	er tier of the alcohol er 125 shall be void davits in connection
Signature Thicket / Julle	gn	Date 9/22	12025
	,	,	

2025 Form A8-100 Alcohol Beverage Individual Questionnaire and Instructions Fill-In Form $\,\,2\,$

F	orm		
	AE	3-1	00

Date		

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

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

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

Part A: Business Informa	tion					1 5 5 111	E," = \(\overline{1} \)
1. Legal Business Name (individua	al name if sole p	oprietor)					
Nordstrom, Inc.			<u> </u>				
2. Business Trade Name or DBA							
Nordstrom Marketp	lace Cafe	<u>:</u>	<u>.</u> .				
3. Entity Type (check one) Sole Proprietor	Partnership	Limited	Liability	Compar	y 🕝 Corporatio	n 🔲 N	onprofit Organization
Part B: Individual Informa	ation						7
1. Last Name			2. Firs	st Name			3. M.1.
Nordstrom			Er	rik			В
4. Relationship to Business (Title)		5. Email				6.	Phone
Director & Co-CEC)						
7. Home Address							
8. City			15	9. State	10. Zip Code	11	, Date of Birth
12. Drivers License/State ID Num	ber				13. Drivers License/S	tate ID State	of Issuance
Part C: Address History	-11-75						المسام المتقليمالية
1. Do you currently live in Wis	consin?						Yes No
If yes, provide the month ar	nd year when y	ou permanenti	y move	d to Wisc	onsin		(MM/YYYY)
List in chronological order a	ill of your addre	seese within the	a last 5	voore At	tach additional sheets	if necessar	
Previous Address 1	iii or your addire	Jaca Within the	City	years. A		State	Zip Code
Fievious Audiess 1			City			State	Zip Code
Previous Address 2			Cib			State	Zip Code
Previous Address 2			City			State	Zip Code
Previous Address 3			City			State	Zip Code
Fiewbus Address 5			City			Otate	210 0000
Previous Address 4			City			State	Zip Code
Previous Address 4			City			State	Zip Code
Previous Address 5			-				1
LIGAIOUS VIIGIESS 2			City			State	Zin Code
l			City			State	Zip Code
						State	Zip Code
3. List all states and counties	you have lived	in as an adult.		additiona	al sheets if necessary.	State	Zip Code
List all states and counties State County	-	in as an adult.		additiona State	al sheets if necessary.	State	Zip Code
	State C						
State County	State C	county					
State County WA King	State C WA F State C	ounty Pierce		State	County	State	County

Part D: Criminal History			
Have you ever been convicted of any offer for violation of any federal, Wisconsin, or a second convicted of any offer for violation of any federal, Wisconsin, or a second convicted of any offer for violation of any federal convicted of any offer for violation of any federal convicted of any offer for violation of any federal convicted of any offer for violation of any federal convicted of any offer for violation of any federal convicted of any offer for violation of any federal convicted of any offer for violation of any federal convicted of an	another state's laws or of any	county or municipal ordinances	
If yes to question 1, please list details of e		dditional sheets as needed.	
Law/Ordinance Violated	Location		Conviction Date
N/A			
Penalty Imposed		Was sentence completed	l? Yes No
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed	'	Was sentence completed	1? Yes No
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed	i? Yes No
If yes to question 2, describe nature and sheets as needed. N/A	status of pending charges us	ing the space below. Attach ad	ditional
Part E: Attestation		· · · · · · · · · · · · · · · · · · ·	
READ CAREFULLY BEFORE SIGNING: truthfully. I certify that I am not prohibited to beverage industry as a restricted investor, under penalty of state law. I further understawith this application, and that any person was to forfeit not more than \$1,000 if convicted	from participating in this busing. I understand that any license and that I may be prosecuted to who knowingly provides mater	less due to any involvement in e issued contrary to Wis. Stat. or submitting false statements a	another tier of the alcohol Chapter 125 shall be void and affidavits in connection
Signature 1-0 7/1/1/2		Date	12.25
			-

Form **AB-100**

Alcohol Beverage Individual Questionnaire

10	ate		
L			

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

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

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

Part A:	Business Informati	on							
1. Legal B	usiness Name (individual i	name if sole	proprietor)						
Nord	strom, Inc.								
2. Busines	ss Trade Name or DBA								
Nord	strom Marketpl	ace Ca	fe						
	ype (check one) le Proprietor	artnership	Limited L	iabilit,	y Compan	ıy	✓ Corporation		Nonprofit Organization
Part B:	Individual Informat	ion			8.87	- 107			
1. Last Na	ime			2. Fir	st Name				3. M.I.
Dilt	s			Ke	elly				М
4. Relation	nship to Business (Title)		5. Email					6	. Phone
CFO									
7. Home A	Address								
8. City					9. State	10. 2	Zip Code	1	1. Date of Birth
12. Driver	s License/State ID Number	r				13. [Drivers License/State	ID State	of Issuance
Part C:	Address History		100111		0		133		
	u currently live in Wisco	nsin?					-2 F3 MOVE VIVO		Yes V No
1. 50 ,0	a carrottily into it. vvisco								
If yes,	provide the month and	year whei	n you permanently	move	d to Wisco	onsin			(MM/YYYY)
2. List in	chronological order all	of your ad	dresses within the	last 5	years. Att	tach ac	ditional sheets if n	ecessar	y.
Previous A	Address 1			City				State	Zip Code
Previous A	Address 2			City				State	Zip Code
Previous A	Address 3			City				State	Zip Code
								ļ	
Previous /	Address 4			City			_	State	Zip Code
Previous A	Address 5			City				State	Zip Code
3. List al	I states and counties yo	u have live	ed in as an adult. A	\ttach	additional	l sheet	s if necessary.		
State	County	State	County		State	Count	ty	State	County
TN	Davidson	TX	Harris						
State	County	State	County		State	Count	ty	State	County
		1	1		1				1

Continued \rightarrow

Part D: Criminal History			
	and foundation to the affice.		
Have you ever been convicted of any offen for violation of any federal, Wisconsin, or any federal with details of one of the convention of the conventi	nother state's laws or of any	county or municipal ordinances?	Yes V No
If yes to question 1, please list details of ea		idditional sneets 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
sheets as needed. N/A			
Part E: Attestation	/	DOCTOR OF THE	
	Director de la Casa		
ruthfully. I certify that I am not prohibited from beverage industry as a restricted investor. I under penalty of state law. I further understar with this application, and that any person who forfeit not more than \$1,000 if convicted.	om participating in this busir I understand that any licens nd that I may be prosecuted f	ess due to any involvement in ano e issued contrary to Wis. Stat. Cha or submitting false statements and a	ther tier of the alcohol pter 125 shall be void affidavits in connection
Signature Celly Milks		Date 9 2	2.25

Form		
Α	B-1	00

Date	

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

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

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

1. Legal I	Business Name (ind	lividual name if sole p	roprietor)				
Nord	dstrom, Inc						
2. Busine	ess Trade Name or	DBA					
Nor	dstrom Mark	etplace Caf	е				
3. Entity	Type (check one)						
☐ So	ole Proprietor	Partnership	Limited Lia	bility Compan	y Corporation	n 🔲 N	onprofit Organization
Part B	: Individual Inf	ormation					
1. Last N	lame			2. First Name			3. M.I.
Nor	dstrom			Peter			E
4. Relation	onship to Business	(Title)	5. Email			6.	Phone
Co-	-CEO						
7. Home	Address		<u> </u>				
8. City				9. State	10. Zip Code	1	I. Date of Birth
12. Drive	ers License/State ID	Number		•	13. Drivers License/S	tate ID State	of Issuance
30							
Part C	: Address Hist	ony					
						·	U Vaa U Na
1. Do yo	ou currently live if	1 Wisconsin?					Yes 🗹 No
If ves	s, provide the moi	ith and year when	vou permanently n	noved to Wisc	onsin		(MM/YYYY)
,			, ,				
2. List ii	n chronological o	der all of your add	esses within the la	ast 5 years. Att	ach 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
				,		1	The state of the s
Dravious	Address A			City		State	Zin Code
Previous	Address 4			City		State	Zip Code
	Address 4 Address 5			City		State	Zip Code
Previous	Address 5	nties you have lived		City	i sheets if necessary.		
Previous	Address 5			City	I sheets if necessary.		
Previous 3. List a	Address 5		l in as an adult. At	City tach additiona		State	Zip Code
Previous 3. List a	Address 5 all states and cou	State	l in as an adult. At	City tach additiona		State	Zip Code
Previous 3. List a State WA	Address 5 all states and cou County King	State	I in as an adult. At County	City tach additiona State	County	State	Zip Code County

Part D: Criminal History			
Have you ever been convicted of any of for violation of any federal, Wisconsin, of the control of the cont			
If yes to question 1, please list details o	f 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
N/A			
Part E: Attestation			
READ CAREFULLY BEFORE SIGNING truthfully. I certify that I am not prohibite beverage industry as a restricted invest under penalty of state law. I further under with this application, and that any person	d from participating in this busi- for. I understand that any licens rstand that I may be prosecuted in who knowingly provides mate	ness due to any involvement in and e issued contrary to Wis. Stat. Cha for submitting false statements and	other tier of the alcohol apter 125 shall be void affidavits in connection
to forfeit not more than \$1,000 if convict Signature	eu.	Date 9	7,0
119 11/1		1 10/19/	4)



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

001195

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

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

Letter ID L1251546672

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.

Тах Туре	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 028

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