

NORDSTROM

June 16, 2023

City of Wauwatosa
Office of City Clerk
7725 W North Avenue
Wauwatosa, WI 53213

Dear Steven Braatz:

Veronica Jenquine is the new General Manager of Nordstrom, Inc. d/b/a Nordstrom Ruscello located at 2424 North Mayfair Road, and needs to be listed as Agent. Lisa Becker remains employed as Assistant Manager. Enclosed are the following items required to make the update:


- Schedule for Successor of Agent
- Auxiliary Questionnaire
- Copy of Identification Card
- Copy of Provisional Operator's License
- Nordstrom Check Number [REDACTED] in the amount of \$25.00

Should you have any questions or require additional information, please contact me at RestLic@nordstrom.com or mila.i.darling@nordstrom.com.

To notify that Veronica needs to schedule her fingerprinting session, please contact:

- RestLic@nordstrom.com or mila.i.darling@nordstrom.com
- [REDACTED] or [REDACTED]

Sincerely,



Mila Darling
Risk Analyst
Corporate Restaurant Division

Appointment of Successor Agent – Retail Licenses

Submit this form to your licensing authority with a \$10 processing fee.

If there is a change in agent, each club, corporation, or limited liability company that holds a retail license to sell fermented malt beverages and/or intoxicating liquor must appoint a successor agent and have the appointment approved by the licensing authority pursuant to sec. 125.04(6), Wis. Stats. The following questions must be answered by the agent, and the appointment must be signed by an officer of the corporation/organization or one member of the limited liability company (only one signature is required).

Section 1: Licensee Information and Acknowledgement

Licensee Name

Nordstrom, Inc. DBA Nordstrom Ruscello

Reason for Cancellation of Appointed Agent

New General Manager promoted - currently appointed Agent remains employed as Assistant Manager.

The undersigned appoints Veronica Jenquine as agent in accordance with sec. 125.04(6) Wis. Stats.

[Signature]
Signature of President / Member

06/16/2023
Date

Section 2: Agent Information and Acknowledgement

Agent Name

Veronica Jenquine

Mailing Address	City or Post Office	State	Zip Code
[Redacted]	[Redacted]	[Redacted]	[Redacted]

Agent Questions	Yes	No
1. Are you of legal drinking age?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Have you been a resident of Wisconsin for at least 90 continuous days prior to the date of appointment as agent?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Have you ever been convicted of a federal law violation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Have you ever been convicted of a state law violation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Have you ever been convicted of a local ordinance violation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Have you completed the required responsible beverage server training course per sec. 125.04(5)(a)5, Wis. Stats.? ...	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

I hereby accept appointment as agent for Nordstrom, Inc. DBA Nordstrom Ruscello and assume full responsibility of the conduct of the business relative to fermented malt beverages and intoxicating liquors.

[Signature]
Signature of Agent

6/7/2023
Date

Section 3: Licensing Authority Approval

Municipality Name

Signature of Official

Date

Title of Official

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)	(middle name)	
JENQUINE		VERONICA	ELAINE	
Home Address (street/route)	Post Office	City	State	Zip Code
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Home Phone Number	Age	Date of Birth	Place of Birth	
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	

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 **NORDSTROM, INC.**
(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? 14 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.)
DUI IN MAY 2016 IN MILWAUKEE COUNTY. PAID FINE & 1 YR LICENSE SUSPENSION.
- 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	Employer's Address	Employed From	To
CHICK FIL A	DELAFIELD, WI	12/01/2020	10/01/2022
DEVON SEAFOOD&STEAK	GLENDALE, WI	05/01/2018	11/01/2019

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)