Form AB-101

# Alcohol Beverage Appointment of Agent

Date			_
08/1	5/2	2025	,

Original (no fee)	☑ Successor (\$10 fee for m	nunicipal licensees only)		
Part A: Business Informa		**************************************		
. Legal Business Name (individu				
Walgreens	Co.			
Business Trade Name or DBA	WBA Walgn	eens #1019b	The state of the s	
Entity Type (check one)	Limited Liability Company	y Corporation	☑ Nonprofit Organization	
. Alcohol Beverage Business Au X Municipal Retail Lice		5. If successor agent, provide St	ate Permit or Municipal Retail License N	lumbe
Describe the reason for appoint	iting a successor agent, if successor	r is checked above.		-
taking over th	is one			
art B: Agent Informatio	n			
. Last Name Korth		2. First Name Austin	3. M.I. J	•
Email	***		I S Phone	
		The second secon		
art C: Agent Questions				
	ponsible beverage server training	ng requirement?	X Yes	N
Submit proof of completion	oonsible beverage server training.  AB-100, Alcohol Beverage Ind.			_ N

Part D: Business Attestation				
corporation, nonprofit organization, or lift beverage activities on such premises. I can behalf of the entity. If I am appointing I understand that I may be prosecuted for	: I, the Undersigned, authorize the above-name ited liability company with full authority and coertify that I am authorized by the above-name a successor agent, I rescind all previous agen or submitting false statements and affidavits in exially false information on this application may be	control of the pa ed entity to auth t appointments connection with	remises and o orize this Indi for this premi or this applicat	of all alcohol ividual to act ses. Further, ion, and that
Last Name	First Name			M.I.
Gates	Richard			
THIE SVP	licenseadministration@wa	censeadministration@walgreens.com		
Rie Pie da		Date 08/28/2025		
		мосто по в верхня по по под под под под под под под под п		110000000000000000000000000000000000000
Part E: Agent Attestation			THE STATE OF THE PARTY OF THE STATE OF THE S	
nonprofit organization, or limited liability on the premises for the above-named by	I, the Agent, hereby accept this appointment a company and assume full responsibility for the usiness. I further understand that I may be prilication, and that any person who knowingly primore than \$1,000 if convicted.	conduct of all a	sloohol bevera	age activities e statements
Last Name Korth	First Name Austin			M.I. J

Date

08/15/2025

Signature

#### Form AB-100

## Alcohol Beverage Individual Questionnaire

Date 08/15/2025

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

	Part A	A: Business Inf	ormation							
WBA Walgreens #10196  3. Entity Type (check one) Sole Proprietor Partnership Limited Liability Company Corporation Nonprofit Organization  Part B: Individual Information  1. Last Name Korth 2. First Name Austin 3. M.I. J  4. Relationship to Business (Title) Store Manager  5. Em  Part C: Address History  1. Do you currently reside in Wisconsin? Years If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application? Years 30 7  2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.  Previous Address 3  City State Zip Code  Previous Address 4  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	1. Lega	l Business Name (ir	ndividual name if s	ole proprietor)	Walgree	ns Co.	***************************************			
WBA Walgreens #10196  3. Entity Type (check one)	2. Busin	ness Trade Name or	DBA							
Sole Proprietor				BA Walgree	ens #101	196				
Part B: Individual Information  1. Lest Name Korth Austin  2. First Name Austin  3. M.I. J  4. Relationship to Business (Title) Store Manager  5. Errol  Part C: Address History  1. Do you currently reside in Wisconsin?  If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?  Years 30 7  2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.  Previous Address 3  City State Zip Code  Previous Address 4  City State Zip Code  Previous Address 5  City State Zip Code  Previous Address 5  City State Zip Code  Previous Address 5  City State Zip Code  State Zip Code  Previous Address 5  City State Zip Code  State Zip Code  State Zip Code				. –			_			
Store   Austin   Stor		sole Proprietor	☐ Partnersh	irp Limi	ted Liability	Compan	y X Corpo	ration L N	Nonprofit O	rganization
Korth  Austin  Janeal London Store Manager  Store Manager  Store Manager  Store Manager  Store Manager  Austin  Janeal London Store Manager  Store Manager	Part E	3: Individual In	formation	The state of the s			der innerhen i noch füller zu der dels der som mehr andelsen digen sit noch mej konstitutel.		MATERIAL STREET, AND THE STREET, STREE	
Store Manager  5. Empty  Part C: Address History  1. Do you currently reside in Wisconsin? \to Yes \to If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application? \to Yesrs 30 \to 7  2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.  Previous Address 2  City State Zip Code  Previous Address 4  City State Zip Code  Previous Address 5  City State Zip Code  Previous Address 5  City State Zip Code  State Zip Code  Previous Address 5  City State Zip Code  State Zip Code  Previous Address 5  City State Zip Code	l. Last I				2. Firs					3. M.I.
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Continued →

Part D: Criminal History							
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?							
If yes to question 1, please list details of each conviction	n below. Attach addition	nal sheets as needed.					
Law/Ordinance Violated	Location	7 N exp	Conviction Date				
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?							
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 08/15/2	2025				



# RETAILERS' LICENSE(S)

DATE: 05/07/2025

NO.: 25-3625

BUSINESS:

WALGREEN CO. AUSTIN KORTH, AGENT WALGREENS #05459 9909 W LOOMIS RD FRANKLIN, WI 53132

TOTAL: \$715.00

DESCRIPTION:

ALCOHOL IS RESTRICED TO INDOOR PREMISES, RETAIL DRUG STOR WITH SUNDRIES IN A ONE-STORY BUILDING OF 14,032 SOFTONLY

ISSUED: > 07/01/2025

EXPIRES: > 06/30/2026

In consideration of the total sum shown below and paid to the City Treasurer, the City of Franklin hereby grants on the following:

### THE FOLLOWING LICENSE(S):

500.00 Class A Liquor License 100.00 Class A Beer License 100.00 CIGARETTES & TOBACCO SOLD OVER THE COUNTER LICEN 15.00 PUBLICATION FEE - NEW LICENSE YEAR

Surrender of license shall not entitle licensee to any refund

Licensee accepts the license(s) herein granted upon the express condition that the same may be revoked by the proper authority under the provisions of the City Ordinances. License is not transferable.

City Ordinance Provides that this license must be displayed in a conspicuous place.