

Alcohol Beverage
Appointment of AgentDate
08/15/2025

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)

Walgreens Co.

2. Business Trade Name or DBA

WBA Walgreens #10196

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

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

The last Manager changed stores and I am
taking over this one

Part B: Agent Information

1. Last Name

Kortf

2. First Name

Austin

3. M.I.

J

Part C: Agent Questions

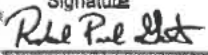
1. Have you satisfied the responsible beverage server training requirement? ☒ Yes ☐ No
Submit proof of completion.
2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire? ☒ Yes ☐ No
Submit a completed Form AB-100 with this form.
3. Have you been a Wisconsin resident for at least 90 continuous days? ☒ Yes ☐ No
See instructions for exceptions.

Continued →

10196


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 Gates		First Name Richard		M.I.
Title SVP	Email licenseadministration@walgreens.com		Phone 847-315-8929	
Signature 			Date 08/28/2025	

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 Korth		First Name Austin		M.I. J
Signature 			Date 08/15/2025	

Alcohol Beverage
Individual Questionnaire

Date 08/15/2025

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)

Walgreens Co.

2. Business Trade Name or DBA

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. Email

Part C: Address History1. Do you currently reside in Wisconsin? ☒ Yes ☐ No

If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?

Years

30

Months

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 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

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
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> 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.

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

08/15/2025



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 RESTRICTED TO INDOOR PREMISES. RETAIL DRUG STOR WITH SUNDRIES IN A ONE-
STORY BUILDING OF 14,032 SQ FT ONLY

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):

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

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.*

Shirley J. Roberts

City Clerk



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