Form AB-101

Alcohol Beverage Appointment of Agent

Date			
07,	01	/20	025

Agent Type (check one)			
☐ Original (no fee) ☑ Successor (\$10 fee for m	unicipal licensees only)		
Secretary and the secretary an			
Part A: Business Information			
Legal Business Name (individual name if sole proprietor)			
Whole Foods Market Group, Inc.			
2. Business Trade Name or DBA	AND THE RESIDENCE OF THE PROPERTY OF THE PROPE		
Whole Foods Market			
3. Entity Type (check one)			
Limited Liability Company	y Corporation No	nprofit Organization	
Alcohol Beverage Business Authorization (check one)	5. If successor agent, provide State Permit or M	unicipal Retail License	Number
✓ Municipal Retail License ☐ State Permit	RAL-000200-2025		
Describe the reason for appointing a successor agent, if successor	r is checked above.		
New Store Team Leader			
Part B: Agent Information			The state of the s
1. Last Name	2. First Name	3. M	1
Remitz	Brooke	3. IVI	
4. Email	DIONE	5. Phone	М
रा, क्यांक्षा		5. Priorie	
6.			
7.			
11			
Part C: Agent Questions			
Have you satisfied the responsible beverage server training	20 720 1172 222 210		Г.,
Submit proof of completion.	ng requirement?	✓ Yes	∐ No
		THE COURT OF THE PARTY OF THE P	
 Have you completed Form AB-100, Alcohol Beverage India Form AB-300, Alcohol Beverage Personal Questionnaire (ividual Questionnaire (licensee) or (permittee)?	🗹 Yes	☐ No
Have you been a Wisconsin resident for at least 90 contin See instructions for exceptions.	uous days?	🗹 Yes	☐ No
THE THE PARTY OF T		Conti	nued →

Part D: Business Attestation							
READ CAREFULLY BEFORE SIGNING: I, the corporation, nonprofit organization, or limited beverage activities on such premises. I certified on behalf of the entity. If I am appointing a surfunderstand that I may be prosecuted for surfuny person who knowingly provides materially if convicted.	I liability com y that I am au ccessor agen bmitting false	pany with full authority and cor uthorized by the above-named at, I rescind all previous agent a statements and affidavits in co	ntrol of the pro entity to author ppointments f nnection with	emises and corize this indicor this premise this premise this application.	of all alcohol vidual to act ses. Further, on, and that		
Last Name		First Name			M.I.		
Warren		Jay			P		
Title	Email			Phone			
Secretary	licensi	ng@wholefoods.com		(512) 200-1337			
Signature			Date 7	22/2	5		
Part E: Agent Attestation				angan na tang na mada nang tang akan ang matan na dana na dana na			
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.		
Remitz		Brooke			M		
Signature Buddle Tu	>		Date 7/	10/25			

Form **AB-100**

Alcohol Beverage Individual Questionnaire

Date 07/01/2025

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

Part A: Business Inform	nation		3			
1. Legal Business Name (individ	dual name if so	le proprietor)			Miles III and the second second	the the section of th
Whole Foods Mark		o, Inc.				
2. Business Trade Name or DB	A					
Whole Foods Mark	ket					
3. Entity Type (check one)	_					
Sole Proprietor	Partnership	D Limit	ed Liability Compa	any 🔽 Corpo	oration 🔲	Nonprofit Organization
Part B: Individual Infor	mation				att van 2000 tall til den feller i de vers over en a revellere er att vers an en a reve p	NET TO STATE OF STATE AND AN ADVENTURE AND ADDRESS OF STATE ADDRESS OF STAT
I. Last Name	***************************************	EFFETOR CONTRACTOR CONTRACTOR SERVICES AND CONTRACTOR AND CONTRACTOR CONTRACT	2. First Name		2004-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	3. M.I.
Remitz			Brooke			М
I. Relationship to Business (Titl	e)	5. Email			16	3. Phone
Store Team Leade	er					
7. Home Address	terna meritaruni di di menandadakan deripanci di basarun keda	service telephone no néclose in sais				
Part C: Address History	*				Ange, militare de la companya de la	
						🗸 Yes 🔲 N
Do you currently live in W	isconsin?					hamed hamed
	isconsin?					hamed hamed
2. List in chronological order	fisconsin?	n you permane	ntly moved to Wis	consin		(MM/YYYY)
Do you currently live in W If yes, provide the month:	fisconsin?	n you permane	ntly moved to Wis	consin		(MM/YYYY)
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Part D: Criminal History	A commence of the commence of					
Have you ever been convicted of any offenses (exclude for violation of any federal, Wisconsin, or another state)			. Yes	✓ No		
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				Swinner or the street street, and		
Penalty Imposed		Was sentence completed?	. Yes	☐ No		
Law/Ordinance Violated	Location		Conviction D	Date		
Penalty Imposed		Was sentence completed?	. Yes	☐ No		
Law/Ordinance Violated	Location		Conviction D	Date		
Penalty Imposed		Was sentence completed?	. Yes	☐ No		
If yes to question 2, describe nature and status of persheets as needed. N/A	nding charges using th	e space below. Attach additional		V No		
			* 1/4/20 10 10 10 10 10 10 10 10 10 10 10 10 10			
Part E: Attestation	No		***************************************			
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 Busout R.		Date 7/10/6	1			
				700000 N 1000000000000000000000000000000		



City of Wauwatosa

7725 W North Ave Wauwatosa, WI 53213 (414) 479-8917

Issued To:

Brooke Remitz

Mailing Address:

11100 W. Burleigh Street

Wauwatosa, WI 53222

License Number:

PR-000379-2025

License Type:

CC - Professional Regulatory

PROFESSIONAL LICENSE CERTIFICATE

Issued Date:

07/02/2025

Classification:

Regular Operator

Expiration Date:

06/30/2026

Fees Paid:

\$70.00

Steven Braatz, Jr. City Clerk

TO BE POSTED IN A CONSPICUOUS PLACE