



Walgreen Co.  
Corporate Offices  
300 Wilmot Rd. MS#3215  
Deerfield, IL 60015  
[www.walgreens.com](http://www.walgreens.com)

Feb 28, 2024

City of Wauwatosa  
7725 W North Ave  
Wauwatosa, WI 53213  
Attn: City Clerk's Office

Received by  
MAR 11 2024  
City Clerk's Office

RE: Change of Designated Agent for Store Liquor License No 0913

Location: Walgreens #03578  
2275 N MAYFAIR RD  
WAUWATOSA , WI 53226

To Whom It May Concern:

Please change the Walgreens Co. Store #03578 Designated Agent to Kristin Hanson for its Liquor License.

Please find the enclosed:

Appointment of Successor Agent  
Auxiliary Questionnaire  
Completed Responsible Beverage Course  
\$25 check for processing fees

Upon issuance of the new Designated Agent License, please email electronic version to Walgreens Corporate Office at [frances.gomez.valentino@walgreens.com](mailto:frances.gomez.valentino@walgreens.com)

Please mail the original to the Walgreens Store at the address above.

If you have any questions, please do not hesitate to contact me.

Thank you for your attention to this very important matter.

Sincerely,

Frances Valentino  
Walgreens Corporate Headquarters  
License Administration  
847-315-89-29  
[frances.gomez.valentino@walgreens.com](mailto:frances.gomez.valentino@walgreens.com)

## 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

Walgreen Co dba Walgreens #03578

Reason for Cancellation of Appointed Agent

New Agent

The undersigned appoints Kristin Hanson as  
agent in accordance with sec. 125.04(6), Wis. Stats.



Brian Brown

2/28/24

Signature of President / Member

Date

## Section 2: Agent Information and Acknowledgement

Agent Name

Kristin Hanson

Mailing Address

City or Post Office

State Zip Code

## 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 type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 5. Have you ever been convicted of a local ordinance violation? .....  | <input type="checkbox"/>            | <input checked="" 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 Walgreens #3578 and  
assume full responsibility of the conduct of the business relative to fermented malt beverages and intoxicating liquors.

Signature of Agent

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)  |          |
| Hanson  |  | Kristin      |               | Rose           |          |
| Home Address (street/route)                       |  | Post Office  | City          | State          | Zip Code |
|   |  |              |               |                |          |
| Home Phone Number                                 |  | Age          | Date of Birth | Place of Birth |          |
|   |  |              |               |                |          |

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.

☒ Manager/Agent of Walgreens  
(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:

1. How long have you continuously resided in Wisconsin prior to this date? 43 yrs

2. 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.)

3. 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.

4. 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)

5. Do you hold and/or are you an officer, director, stockholder, agent or employee 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      |
| Walgreens       | 200 Wilnot Rd Deerfield | 1997          | Current |
| Employer's Name | Employer's Address      | Employed From | To      |
|                 |                         |               |         |

**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.

Kristin Hanson  
(Signature of Named Individual)



# Congratulations!

You have successfully completed the ServSafe Alcohol® Responsible Alcohol Service Training and Certificate Program. This is your official ServSafe Alcohol Certification Card and provides confirmation that you have studied, and are knowledgeable about, how to serve alcohol responsibly.

ID # 24901354  
CARD # 25239289



**ServSafe Alcohol® CERTIFICATE**

KRISTIN HANSON

NAME

2/25/2024

DATE OF EXAMINATION

Card expires two years from the date of examination. Local laws apply.  
Complies with 11/5/2016 ServSafe, 5/1/25 04(15)(6) 5 & 1/23 17(6) & 5/1/24 66



This certificate confirms completion of the **ServSafe Alcohol®** responsible alcohol service program.

*Sherman Brown*

Sherman Brown  
Senior Vice President, National Restaurant Association Solutions

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NATIONAL  
RESTAURANT  
ASSOCIATION

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Suite 3600  
Chicago, IL 60604-6383  
1.800.SERVSAFE  
312.715.1010 in the Chicago area  
ServSafe.com

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