



BUSINESS RENEWAL APPLICATION
 Office of the City Clerk License Division
 200 E. Wells St. Room 105
 Milwaukee, WI 53202 (414) 286-2238

License # FOOD 13549 File By Date: 10/12/2023
 Exp Date: 1/6/2024 Fee: \$575.00 PIN: K72XRH
 Date \$75 late fee begins: 10/13/2023

Office Use Only:	App # 357717
N Objs No <u> </u> Yes <u> </u>	Chgs Agent
Filed 10/12/23	Initials ACR
Paid <u> </u>	MPD <u> </u>
Granted <u> </u>	Issued/Initials <u> </u>
AD 9	

BUSINESS CONTACT INFORMATION

Section 1

Legal Entity Name: **WALGREEN CO** Trade/DBA Name: **WALGREENS #07370**
 Phone: **(414) 353-5620** E-mail: **taxlicenser renewals@walgreens.com**
 Premises Address (include city/state/zip): **6442 N 76TH ST MILWAUKEE WI 53223**
 Mailing Address (include city/state/zip): **P O BOX 901 DEERFIELD IL 60015**

AGENT OF CORP/LLC/NONPROFIT / SOLE PROPRIETOR / 1ST PARTNER

Section 2

FULL LEGAL NAME (Last, First & Middle Initial): ~~HALLIDAY, Susan M, Agent~~
BROWN, BRIAN R. Date of Birth: **05/24/19**
 Home Address (include city/state/zip): **500 GREENLEAF AVE, WILMETTE, IL 60091**
 Driver's License Number/State ID #: **B650-0767-5148-IL** State: **IL**
 Percent % of Ownership Interest: **0** Cell Phone: **847-527-4241** Email: **taxlicenser renewals@walgreens.**

LIST ALL PERSONS WITH 20% OR MORE OWNERSHIP INTEREST / ADDITIONAL PARTNER(S)

Section 3

FULL LEGAL NAME (Last, First & Middle Initial): **N/A** Date of Birth:
 Home Address (include city/state/zip):
 Driver's License Number/State ID #: - - - State:
 Percent % of Ownership Interest: Cell Phone: Email:
 FULL LEGAL NAME (Last, First & Middle Initial): Date of Birth:
 Home Address (include city/state/zip):
 Driver's License Number/State ID #: - - - State:
 Percent % of Ownership Interest: Cell Phone: Email:

Check if there are additional persons with 20% or more ownership interest or partners.
 Complete additional sheets as necessary.

ACKNOWLEDGEMENT & SIGNATURE

Section 4

- The undersigned understands that applicants are required to inform the City Clerk within 10 days of any changes in any of the information supplied in this application.
- The undersigned has knowledge of the City Ordinances currently regulating the license applied for herein, and understands that the license may be subject to suspension or revocation, if the applicants violate any rule or regulation relating to the license.
- The undersigned understands that applicants shall not willfully refuse to provide the services offered under this license, or add charges or require deposits not required general public because of race, color, sex, religion, national origin or ancestry, age, handicap, lawful source of income, marital status, sexual orientation, gender identity expression, familial status or the fact that a person is now or has been a member of the military service, whether dressed in uniform or not; and shall not seek such information condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion on the basis of such information.
- I/we state that this application for a license is not made for and behalf of any other person and that the applicant is not acting as an agent for, or in the employ of another.

BRIAN BROWN
VICE PRESIDENT

B.R. Brown

Signature of Sole Proprietor; a Partner; or if a Corporation or LLC, the Agent must sign

ALSO COMPLETE REVERSE SIDE

2023 OCT -6 A 12:05
 LICENSE DIVISION



FOOD DEALER LICENSE SUPPLEMENTAL RENEWAL APPLICATION

Office of the City Clerk License Division
200 E. Wells St. Room 105, Milwaukee, WI 53202
(414) 286-2238 license@milwaukee.gov www.milwaukee.gov/license

HALLIDAY, Susan M, Agent
WALGREEN CO
P O BOX 901
DEERFIELD IL 60015

License # FOOD 13549 Fee: \$575.00

SECTION 1 – CHANGES TO THE PLAN OF OPERATION?

Are there any changes to the current hours of operation? No Yes
If yes, describe: _____
Your current hours of operation are listed on your current license.
Please note: If you will be open earlier or later than the hours listed on your current license for even one event or holiday (for example, St. Patrick's Day, Brewers Opening Day, etc.) during the license period, this must be reported and printed on your license.

Are there any changes in your plans to address litter, noise, and/or security? No Yes
If yes, describe: _____

Are there any changes to your current plan of operation or floor plan*? No Yes
If yes, describe: _____
*If there are changes to the floor plan, a new floor plan must be submitted with this renewal application. A sample plan can be found online at www.milwaukee.gov/licenses under License Forms and Related Information. However, a "Permanent Extension of Premises Application" is required if you are adding any square footage to the licensed premises.

SECTION 2 - ACKNOWLEDGEMENT & SIGNATURE

Your current food license includes the following business operations: **No Processing, Hazardous Foods, Sales \$200,001 - \$2,000,000**
Except for any changes listed in Section 1 or 2 above, I confirm that no changes are being made to the business operations for the next renewal period.

BRIAN BROWN
VICE PRESIDENT

Signature of Sole Proprietor; a Partner; or if a Corporation or LLC, the Agent must sign