

25264

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

Applicant's Wisconsin Seller's Permit Number: 456-1020039383-04
Federal Employer Identification Number (FEIN): 20-4281269
LICENSE REQUESTED
TYPE FEE
Class A beer \$
Class B beer \$
Class C wine \$
Class A liquor \$
Class B liquor \$
Reserve Class B liquor \$
Publication fee \$
TOTAL FEE \$

For the license period beginning 20 12 ending 20 12
Town of Village of City of Madison
Madison City Clerk Aldermanic Dist. No. (if required by ordinance)

- 1. The named INDIVIDUAL PARTNERSHIP LIMITED LIABILITY COMPANY CORPORATION/NONPROFIT ORGANIZATION

hereby makes application for the alcohol beverage license(s) checked above.

- 2. Name (individual/partners give last name, first, middle; corporations/limited liability companies give registered name): Wisconsin CVS Pharmacy, L.L.C.

An "Auxiliary Questionnaire," Form AT-103, must be completed and attached to this application by each individual applicant, by each member of a partnership, and by each officer, director and agent of a corporation or nonprofit organization, and by each member/manager and agent of a limited liability company. List the name, title, and place of residence of each person.

Table with columns: Title, Name, Home Address, Post Office & Zip Code. Rows include Thomas Moffatt, Carol DeNale, Melanie Luker, Assistant Secretary - Linda Cimbron, and Kara Moore.

- 3. Trade Name CVS/pharmacy # 7147 Business Phone Number 401-765-1500
4. Address of Premises 6701 Mineral Point Rd, Madison, WI Post Office & Zip Code 53705

- 5. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period?
6. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant?
7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business?
8. (a) Corporate/limited liability company applicants only: Insert state WI and date 02/07/06 of registration.
(b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company?
(c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin?

9. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) on sales floor and storage area

- 10. Legal description (omit if street address is given above):
11. (a) Was this premises licensed for the sale of liquor or beer during the past license year?
(b) If yes, under what name was license issued?
12. Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630.5) before beginning business?
13. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown in Section 2, above?
14. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another.

SUBSCRIBED AND SWORN TO BEFORE ME
this 10th day of January, 2012
Therese M. Fluette
Notary Public

(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)
Linda M. Cimbron
Assistant Secretary

TO BE COMPLETED BY CLERK State of Rhode Island
Date received and filed with municipal clerk My Commission Expires 09/02/2015
Date license granted Date license issued License number issued
Signature of Clerk / Deputy Clerk Thomas Lund

LICLIA-2012-60037

## City of Madison Supplemental Class A License Application

<input checked="" type="checkbox"/> Seller's Permit Number <input checked="" type="checkbox"/> Federal Employer Identification # <input checked="" type="checkbox"/> Notarized Original Application Form <input checked="" type="checkbox"/> Notarized Supplemental Form <input type="checkbox"/> Orange Sign (Clerk's Office provides at time of application)	<input type="checkbox"/> Description of Licensed Premise <input checked="" type="checkbox"/> *Notarized Appointment of Agent <input checked="" type="checkbox"/> Background Investigation Form(s) <input type="checkbox"/> Notarized Transfer of Ownership <input checked="" type="checkbox"/> *Articles of Incorporation	<input checked="" type="checkbox"/> Floor Plans <input checked="" type="checkbox"/> Lease <input checked="" type="checkbox"/> Sample Menu <input type="checkbox"/> Business Plan * Corporation/LLC only
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1. Name of Applicant/Partner/Corporation/LLC Wisconsin CVS Pharmacy, L.L.C.
2. Address of Licensed Premise 6701 Mineral Point Road, Madison, WI 53705
3. Telephone Number: pending 4. Anticipated opening date: February 26, 2012
5. Mailing address if not opening immediately One CVS Dr, Licensing/23062A, Woonsocket, RI 02895

6. Have you contacted the Alderperson, Police Department District Captain, Alcohol Policy Coordinator, and the neighborhood association representative for the area in which you intend to locate?  Yes  No

7. Are there any special conditions desired by the neighborhood?  Yes  No

Explain. \_\_\_\_\_

8. What type of establishment is contemplated?  Liquor Store  Grocery Store  
 Convenience Store – Gas Pumps  Yes  No  Other—Explain Retail Pharmacy

9. Business Description: Retail sales of medication, tobacco, health and beauty aids, pre-packaged food and beer & wine.

10. Detailed written description of building, including overall dimensions, seating arrangements, capacity, bar size and all areas where alcohol beverages are to be sold and stored. **The licensed premise described below shall not be expanded or changed without the approval of the Common Council.**

*See attached email*  
Free standing one floor building - no seating or bar -  
applying for retail off premises sales only - please see  
attached floor sketches for areas where alcohol will be in  
coolers and shelves - highlighted in yellow

11. Are any living quarters directly or indirectly accessible and under control of the applicant?  Yes  No  
 Please note that alcohol may be sold and stored only on the licensed premise, not in living quarters.

12. Describe existing parking and how parking lot is to be monitored. 53 parking spaces -  
not shared with any other businesses.

13. Describe your management experience, staffing levels, duties and employee training.  
Alcohol Agent has Beverage Server Training certificate -  
please see attached.

14. Identify the **registered agent** for your Corporation or LLC. This is your corporation's agent for service of process, notice or demand required or permitted by law to be served on the corporation.

GT Corporation System, 8025 Excelsior Dr, Madison, WI 53717

Name Address

15. Utilizing your market research, who would you project your target market to be?

Target market is Community members for retail sales of tobacco, medication, pre-packaged food, health & beauty aids.

16. Describe how you plan to advertise/promote your business. What products will you be advertising?

Advertise as a Retail Pharmacy

17. Are you operating under a lease or franchise agreement?  Yes (attach a copy)  No we own

18. Owner of building where establishment is located: Wisconsin CVS Pharmacy, LLC

Address of Owner: One CVS Dr, Woonsocket RI 02895 Phone Number 401-765-1500

19. Private organizations (clubs): Do your membership policies contain any requirement of "Invidious" (likely to give offense) discrimination in regard to race, creed, color, or national origin?  Yes  No N/A

20. List the Directors of your Corporation/LLC

Name	Address
SEE ATTACHED (Corporate Officer List)	
Name	Address
Name	Address

21. List the Stockholders of your Corporation/LLC

Name	Address	% of Ownership
Name	Address	% of Ownership
Name	Address	% of Ownership

**Read carefully before signing:** Under penalty provided by law, the applicant states that the above information has been truthfully completed to the best of the knowledge of the signer. Signer agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted will not be assigned to another. Any lack of access to any portion of a licensed premise during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

Subscribed and Sworn to before me:

this 10<sup>th</sup> day of January, 2012

Therese M. Fluette  
(Clerk/Notary Public)

Linda M. Cimbron  
(Officer of Corporation/Member of LLC/Partner/Individual)

Linda M. Cimbron  
Assistant Secretary

My commission expires \_\_\_\_\_  
Therese M. Fluette  
Notary Public  
State of Rhode Island

My Commission Expires 09/02/2013

**Lund, Thomas**

**From:** Fluette, Therese M. [Therese.Fluette@CVSCaremark.com]  
**Sent:** Thursday, January 19, 2012 10:43 AM  
**To:** Lund, Thomas  
**Subject:** FW: questions about the alcohol license application for store #7147 in Madison, WI

Good morning Thomas,

For question # 10:

*Premise:*

Free standing one floor building – no seating or bar – applying for retail off premises sales only. Storage in backroom area which is an employee’s area only and monitored by an alarm system. The Beer will be located in the cooler and be accessible by three (3) doors. The wine has a section of 16 X 60 on the shelf. The registers are pre-programmed to prevent sales of alcohol after the selling hours that the city allows.

I was just informed from the District Manager that Liquor is not usually allowed in drug stores. If this is the case – we would like to apply for BEER & WINE ONLY. We do not want to hold up the licensing process trying to apply for liquor if it will not be allowed. Could you please advise?

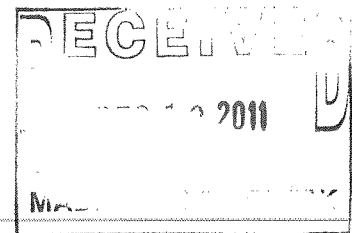
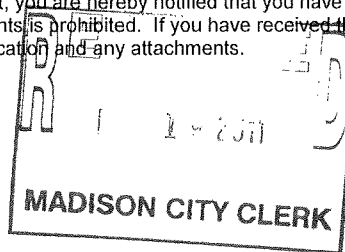
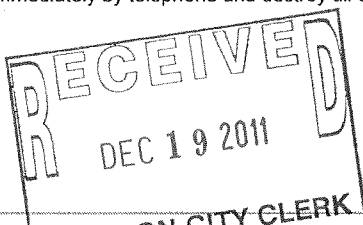
I appreciate your help.

Thank you & have a wonderful day.

**Please note new email address: [Therese.Fluette@CVSCaremark.com](mailto:Therese.Fluette@CVSCaremark.com)**

Therese M Fluette | CVS Caremark | Licensing Coordinator/Legal Dept |P401) 770-5036 |F401) 652-0616 |One CVS Dr., Licensing Dept/MD 23062A, Woonsocket, RI 02895 |[Therese.Fluette@CVSCaremark.com](mailto:Therese.Fluette@CVSCaremark.com)

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**From:** Lund, Thomas [mailto:[TLund@cityofmadison.com](mailto:TLund@cityofmadison.com)]  
**Sent:** Wednesday, January 18, 2012 12:40 PM  
**To:** Fluette, Therese M.  
**Subject:** RE: questions about the alcohol license application for store #7147 in Madison, WI

Thank you Therese. That’s perfect information on the storage of the product. Two things that we will need as well are the square footage of the store itself and a physical, detailed description of where and how much shelf space will be devoted to the retail sales. The shelf space can be described as a linear footage amount or a description of the size of

**CVS Pharmacy**  
**NORTHERN**  
**TYPE B-1045-LEFT**  
**CHAMBER DRIVE-THRU**  
 STORE NUMBER: 7447  
 ADDRESS: 1017 AND GRAND CANYON  
 WINDSOR, VA  
 PROJECT TYPE: DRIVE-THRU  
 DEAL TYPE: DRIVE-THRU  
 CS PROJECT NUMBER: 44822

**ARCHITECT OF RECORD**  
**NORR**

**CONSULTANT:**  
**R.A. Smith National**  
 Architectural, Mechanical, Electrical, and Plumbing Engineering and Consulting  
 10010 W. 10th Ave., Suite 300, Denver, CO 80202  
 TEL: 303.733.7000 FAX: 303.733.7001  
 WWW.RASMITH.COM

**DEVELOPER:**  
**GBC**  
 COMMERCIAL REAL ESTATE PARTNERS, L.P.  
 10010 W. 10th Ave., Suite 300, Denver, CO 80202  
 TEL: 303.733.7000 FAX: 303.733.7001  
 WWW.GBCDC.COM

**SEAL:**

**REVISIONS:**  
 03-24-2011 PERMIT SET  
 12-22-2011 FINAL MERCHANDISE PLAN

**CS PROJECT MANAGER:** A. TURK  
**DRAWING BY:** ALM  
**DATE:** 03-24-2011  
**JOB NUMBER:** J0711.0065.00  
**TITLE:** FINAL MERCHANDISE PLAN  
**SHEET NUMBER:** F1

**COMMENTS:**

**PROJECT: NEW**  
**GROUP: FILE NOTES**

1. SEE STORE LAYOUT INFO.  
 2. SEE ARCHITECTURAL AND MECHANICAL DRAWINGS FOR GENERAL NOTES.  
 3. SEE ELECTRICAL AND PLUMBING DRAWINGS FOR GENERAL NOTES.  
 4. SEE CIVIL DRAWINGS FOR GENERAL NOTES.  
 5. SEE EXTERIOR FINISHES DRAWING FOR GENERAL NOTES.  
 6. SEE INTERIOR FINISHES DRAWING FOR GENERAL NOTES.  
 7. SEE LIGHTING PLAN FOR GENERAL NOTES.  
 8. SEE SCHEDULE FOR GENERAL NOTES.  
 9. SEE SPECIFICATIONS FOR GENERAL NOTES.

- GENERAL NOTES:**
- 1- BANGOR P.M.
  - 2- MANNING P.M.
  - 3- COBY P.M.
  - 4- HAN ACCESS P.M.
  - 5- STODER P.M.
  - 6- SHIELD FLOOR STAND
  - 7- BATTERY P.M.
  - 8- INVATION P.M.
  - 9- LIP BUMP P.M.
  - 10- HEALTH BOOKS P.M.
  - 11- PINE UNIT
  - 12- CROSS BOTTLE STORAGE
  - 13- OPD P.M.
  - 14- SHEET METAL CASE
  - 15- HERT P.M.
  - 16- CANE SPINNER DISP
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**GLASS VISION/COSMETIC LEVELS**

1. SEE COSMETIC SHOP FOR STAIR/FIVE PLATFORM SUBSTITUTIONS

**COSMETIC VERSIONS:**

1. SEE COSMETIC SHOP FOR STAIR/FIVE PLATFORM SUBSTITUTIONS

**GONDOLA EXHIBIT VENDOR:**

**SPECIAL MERCHANDISING NOTES:**

1. SEE STORE LAYOUT INFO FOR SPECIAL MERCHANDISING NOTES.  
 2. SEE ARCHITECTURAL AND MECHANICAL DRAWINGS FOR GENERAL NOTES.  
 3. SEE ELECTRICAL AND PLUMBING DRAWINGS FOR GENERAL NOTES.  
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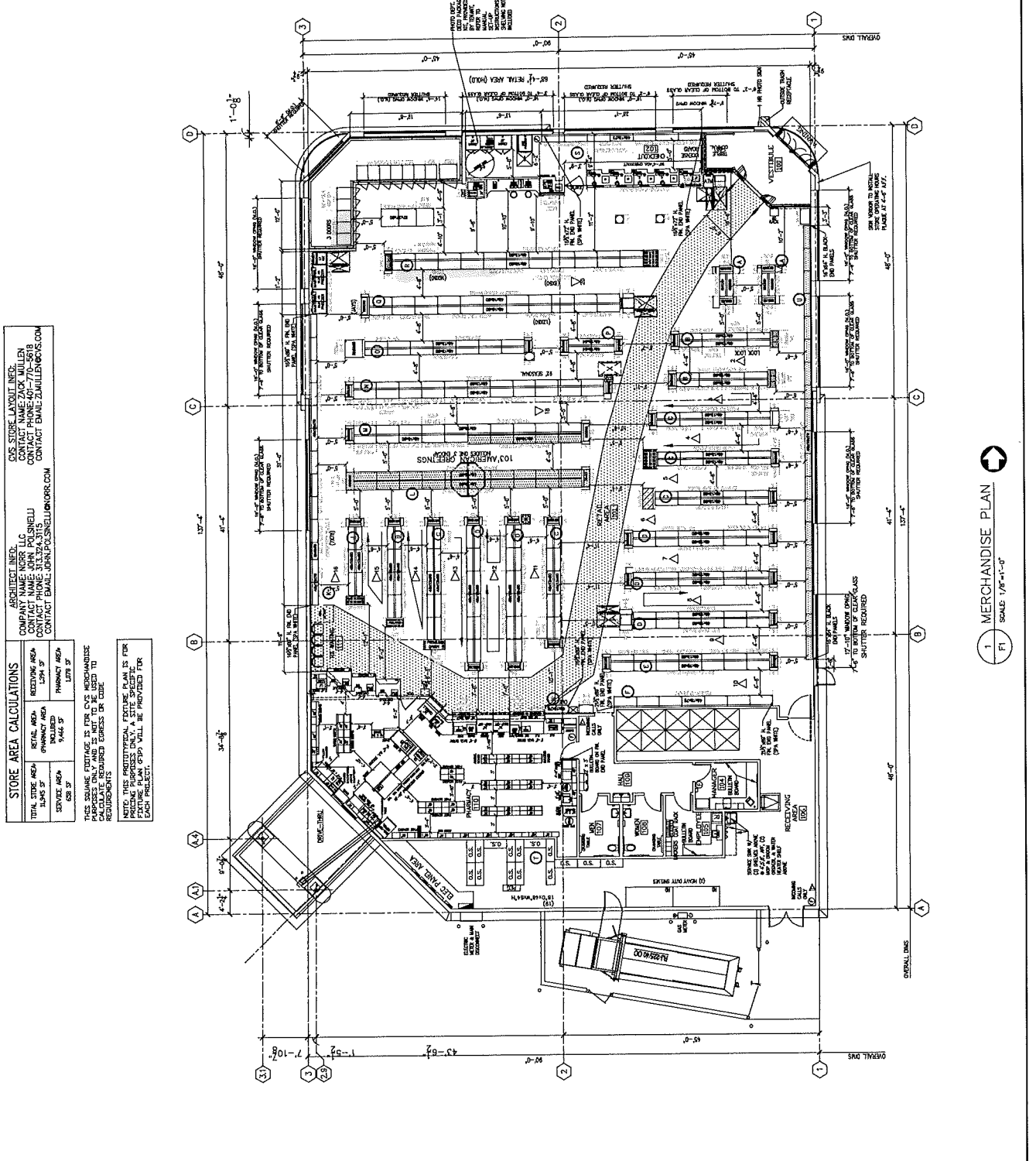
**LIMITED DEPARTMENTS: (TEXT ONLY)**

1. SEE STORE LAYOUT INFO FOR LIMITED DEPARTMENTS.

**LAYOUT CORONALCUT:**

1. SEE STORE LAYOUT INFO FOR LAYOUT CORONALCUT.

**COMMENTS:**



**CVS STORE LAYOUT INFO:**  
 CONTACT NAME: ZACK MILLER  
 CONTACT PHONE: 313.343.3135  
 CONTACT EMAIL: ZMILLER@CVS.COM

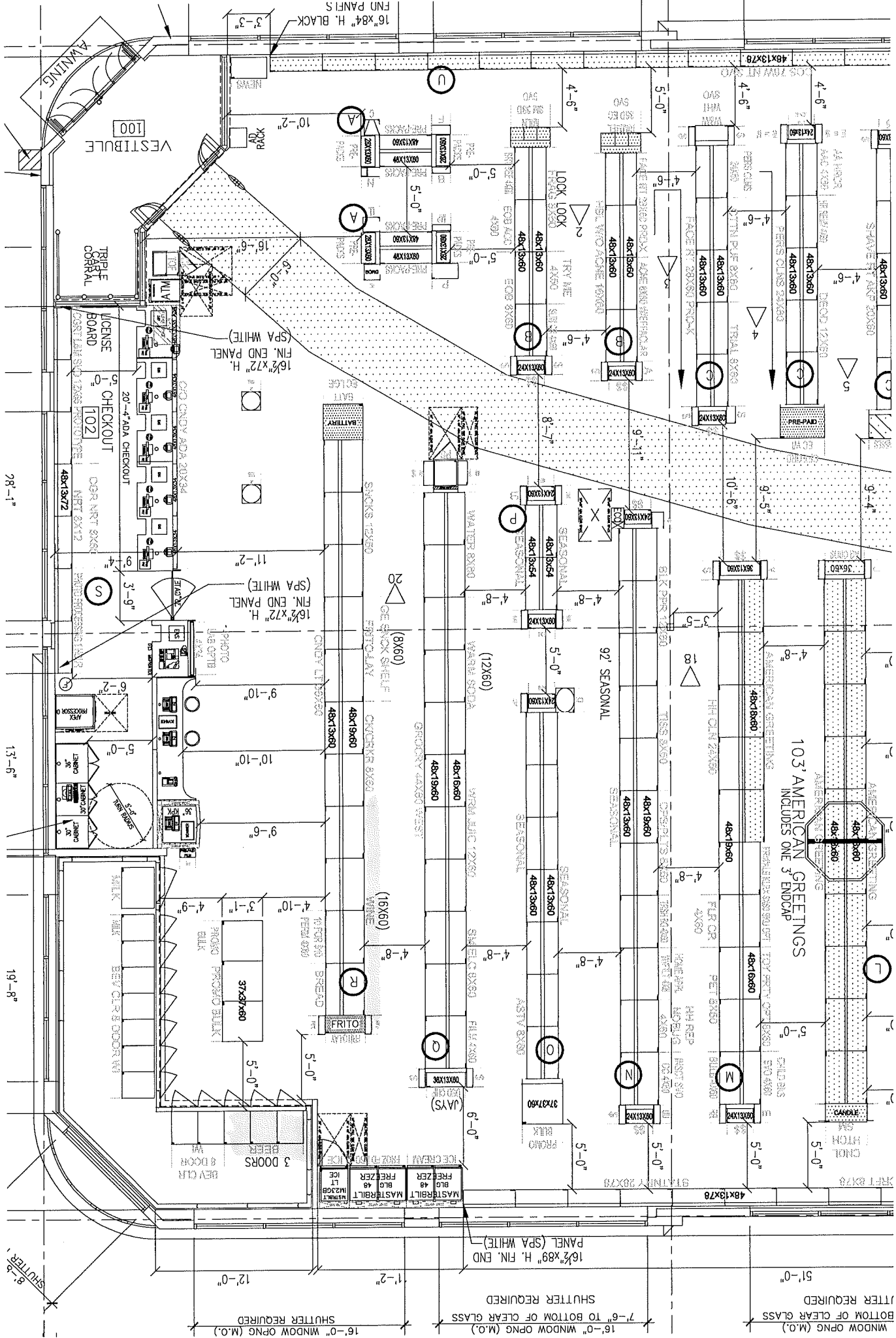
**ARCHITECT INFO:**  
 COMPANY NAME: NORR  
 CONTACT NAME: LUCIANELLI  
 CONTACT PHONE: 313.343.3135  
 CONTACT EMAIL: LUCIANELLI@NORR.COM

**STORE AREA CALCULATIONS**

AREA	AREA	AREA	AREA	AREA
TOTAL STORE AREA	13,700 SF	RECEIVING AREA	1,200 SF	PHARMACY AREA
RETAIL AREA	10,000 SF	DRUG AREA	1,500 SF	SERVICE AREA
PHARMACY AREA	1,500 SF	DRUG AREA	1,500 SF	
DRUG AREA	1,500 SF	DRUG AREA	1,500 SF	

THIS SQUARE FOOTAGE IS FOR CVS MERCHANDISE REQUIREMENTS ONLY. A SITE SPECIFIC CALCULATION WILL BE PROVIDED FOR EACH PROJECT. 0'S WILL BE PROVIDED FOR EACH PROJECT.

**1 MERCHANDISE PLAN**  
 SCALE: 1/8" = 1'-0"



WINDOW OPNG (M.O.)  
 BOTTOM OF CLEAR GLASS  
 LITER REQUIRED

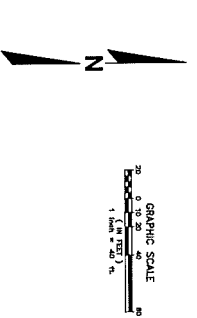
16'-0" WINDOW OPNG (M.O.)  
 7'-6" TO BOTTOM OF CLEAR GLASS  
 SHUTTER REQUIRED

16'-0" WINDOW OPNG (M.O.)  
 SHUTTER REQUIRED

8'-0" SHUTTER

### SITE CRITERIA CHECKLIST

PROJECT DATA	330' x 45'
OWNER'S NAME	CVS SITE DATA
PROPERTY ADDRESS	1234 S. MAIN ST.
CITY/TOWN/STATE	MADISON, WI
PREPARED FOR	BY: [Name]
DATE	11-15-07
SCALE	AS SHOWN
DESIGNER'S NAME	R.A. SMITH NATIONAL
DESIGNER'S ADDRESS	1746 W. MAUMOUND ROAD, BROOKFIELD, WI 53008-4998
DESIGNER'S PHONE	262-793-1000
DESIGNER'S FAX	262-793-1001
DESIGNER'S E-MAIL	info@ra-smith.com
DESIGNER'S WEBSITE	www.ra-smith.com
PROJECT NO.	07-001
SHEET NO.	1

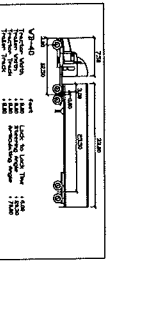


#### CVS SITE DATA

TOTAL CVS SITE AREA	15,315 sq. ft.
MATERIAL AREA	4,115 sq. ft.
PERVIOUS PAVEMENT	4,115 sq. ft.
IMPERVIOUS PAVEMENT	11,200 sq. ft.
PERVIOUS PAVEMENT	4,115 sq. ft.
IMPERVIOUS PAVEMENT	11,200 sq. ft.
PERVIOUS PAVEMENT	4,115 sq. ft.
IMPERVIOUS PAVEMENT	11,200 sq. ft.

#### ESTIMATING INFORMATION

UNDEVELOPED RESERVATION LOT F73	2,000 sq. ft.
UNDEVELOPED RESERVATION LOT F74	2,000 sq. ft.
UNDEVELOPED RESERVATION LOT F75	2,000 sq. ft.
UNDEVELOPED RESERVATION LOT F76	2,000 sq. ft.
UNDEVELOPED RESERVATION LOT F77	2,000 sq. ft.
UNDEVELOPED RESERVATION LOT F78	2,000 sq. ft.
UNDEVELOPED RESERVATION LOT F79	2,000 sq. ft.
UNDEVELOPED RESERVATION LOT F80	2,000 sq. ft.



### SITE RISK ASSESSMENT

**1. THE SITE LAYOUT HAS BEEN REVIEWED BY THE CITY OF MADISON. THE ENGINEER HAS REVIEWED THE SITE AND HAS DETERMINED THAT THE SITE IS SUITABLE FOR THE PROPOSED DEVELOPMENT.**

**2. THE SITE IS SURROUNDING TWO SEPARATE PARCELS. A CITY BLOCK IS REQUIRED TO COMPLY WITH THE ORDINANCES OF THE CITY OF MADISON. THE ENGINEER HAS REVIEWED THE PARCELS AND HAS DETERMINED THAT THE PROPOSED DEVELOPMENT CAN BE COMPLETED WITHIN THE CITY BLOCK.**

**3. THE SITE IS SURROUNDING TWO SEPARATE PARCELS. A CITY BLOCK IS REQUIRED TO COMPLY WITH THE ORDINANCES OF THE CITY OF MADISON. THE ENGINEER HAS REVIEWED THE PARCELS AND HAS DETERMINED THAT THE PROPOSED DEVELOPMENT CAN BE COMPLETED WITHIN THE CITY BLOCK.**

**4. THE PROPOSED DEVELOPMENT IS SUBJECT TO THE CITY OF MADISON'S ZONING ORDINANCES. THE ENGINEER HAS REVIEWED THE ZONING ORDINANCES AND HAS DETERMINED THAT THE PROPOSED DEVELOPMENT IS PERMITTED UNDER THE ZONING ORDINANCES.**

**5. THE PROPOSED DEVELOPMENT IS SUBJECT TO THE CITY OF MADISON'S BUILDING DEPARTMENT REGULATIONS. THE ENGINEER HAS REVIEWED THE REGULATIONS AND HAS DETERMINED THAT THE PROPOSED DEVELOPMENT IS PERMITTED UNDER THE REGULATIONS.**

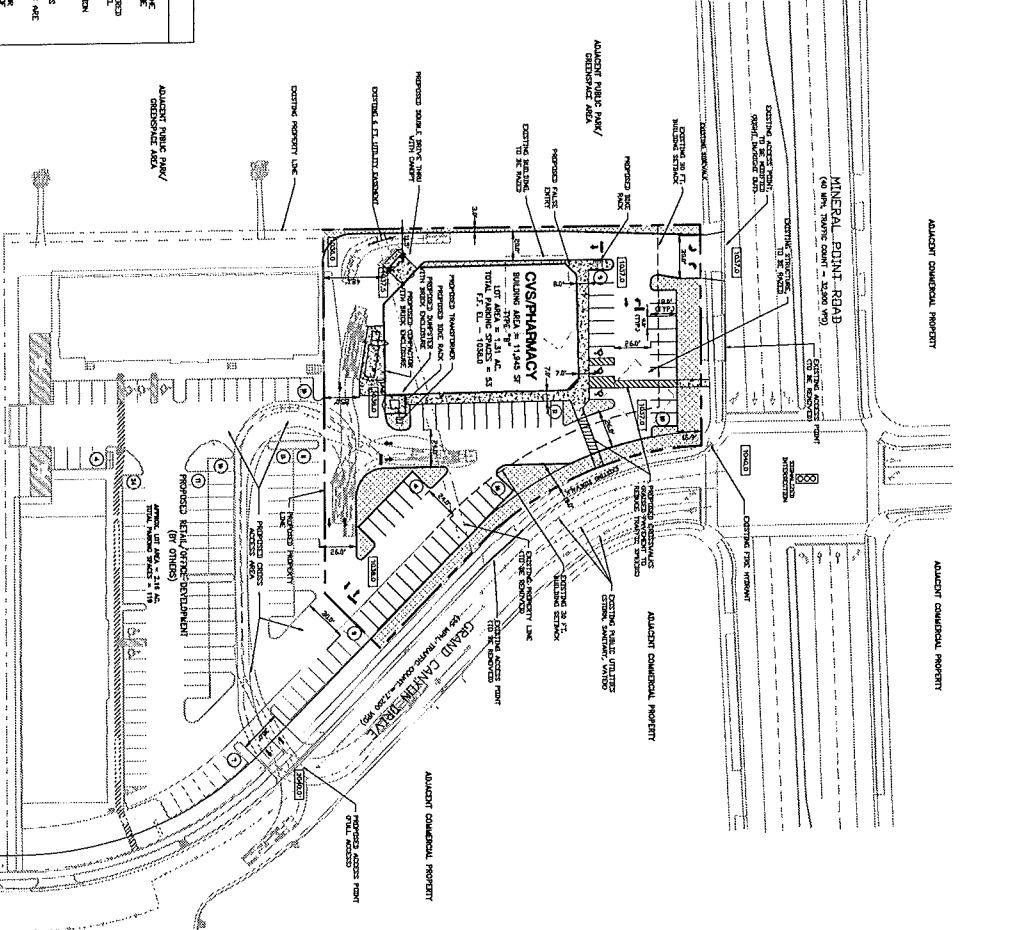
**6. A VEHICULAR DRIVEWAY WAS USED DUE TO RESTRICTIONS ON ACCESS TO THE SITE FROM THE STREET. THE ENGINEER HAS REVIEWED THE DRIVEWAY AND HAS DETERMINED THAT IT IS SUITABLE FOR THE PROPOSED DEVELOPMENT.**

**7. THE PROPOSED DEVELOPMENT IS SUBJECT TO THE CITY OF MADISON'S ENVIRONMENTAL REGULATIONS. THE ENGINEER HAS REVIEWED THE REGULATIONS AND HAS DETERMINED THAT THE PROPOSED DEVELOPMENT IS PERMITTED UNDER THE REGULATIONS.**

**8. THE PROPOSED DEVELOPMENT IS SUBJECT TO THE CITY OF MADISON'S UTILITIES REGULATIONS. THE ENGINEER HAS REVIEWED THE REGULATIONS AND HAS DETERMINED THAT THE PROPOSED DEVELOPMENT IS PERMITTED UNDER THE REGULATIONS.**

**9. THE PROPOSED DEVELOPMENT IS SUBJECT TO THE CITY OF MADISON'S PUBLIC SAFETY REGULATIONS. THE ENGINEER HAS REVIEWED THE REGULATIONS AND HAS DETERMINED THAT THE PROPOSED DEVELOPMENT IS PERMITTED UNDER THE REGULATIONS.**

**10. THE PROPOSED DEVELOPMENT IS SUBJECT TO THE CITY OF MADISON'S HISTORIC PRESERVATION REGULATIONS. THE ENGINEER HAS REVIEWED THE REGULATIONS AND HAS DETERMINED THAT THE PROPOSED DEVELOPMENT IS PERMITTED UNDER THE REGULATIONS.**



#### LEGEND

[Symbol]	PROPOSED DRIVEWAY/PARKING
[Symbol]	PROPOSED DRIVEWAY/PARKING
[Symbol]	PROPOSED DRIVEWAY/PARKING
[Symbol]	PROPOSED DRIVEWAY/PARKING
[Symbol]	PROPOSED DRIVEWAY/PARKING
[Symbol]	PROPOSED DRIVEWAY/PARKING

**DEVELOPER:**  
CVS/PHARMACY  
1905 THE B  
MADISON, WI 53703  
P: 608.277.1114

**DATE:** 06/17/08  
**SCALE:** 1" = 40'  
**PROJECT MANAGER:** ROBERT L. MARLEY, P.E.  
**DESIGNER:** BR. SMITH

**SHEET NUMBER:**  
**SK-1**

**CVS/PHARMACY**  
MADISON, WI  
CONCEPT SITE PLAN -  
MINERAL POINT & GRAND CANYON (SWC)

**R.A. Smith National**  
Beyond Surveying and Engineering  
1746 W. MAUMOUND ROAD, BROOKFIELD, WI 53008-4998  
262-793-1000 FAX 262-793-1001 www.ra-smith.com

DATE	DESCRIPTION

CVS 75567 WI, LLC

**UNANIMOUS WRITTEN CONSENT IN LIEU OF A  
SPECIAL MEETING OF THE MEMBER**

The undersigned, being the sole member (the "Member") of CVS 75567 WI, L.L.C., a Delaware limited liability company (the "Company"), in lieu of holding a special meeting of the Member of the Company, hereby takes the following actions and adopts the following resolutions by unanimous written consent pursuant to the operating agreement of the Company and the Delaware Act.

WHEREAS, the Company is the owner of that certain parcel of real property located at 6701 Mineral Point Road, Madison, WI 53705 (the "Real Property") which will be exclusively occupied, used and operated by Wisconsin CVS Pharmacy, L.L.C., d/b/a CVS/pharmacy # 7147 (the "Store Company"), which is the sole member of the Company; and

WHEREAS, it is the Company's intention and agreement that the Store Company, being the Company's sole member, shall be entitled to occupy, use and operate the Real Property without charge and for so long as Store Company desires;

IT IS THEREFORE RESOLVED, that Store Company is entitled to occupy, use and operate the Real Property for so long as it desires; and it is

FURTHER RESOLVED, that in order to fully carry out the intent and effectuate the purposes of the foregoing resolutions, the proper officers of the Company are hereby authorized to take all such further action, and to execute and deliver all such further instruments and documents in the name and on behalf of the Company, and to pay all such fees and expenses, which shall in their judgment be necessary, appropriate or correct.

IN WITNESS WHEREOF, the undersigned has executed this Consent to be effective as of the 9th day of January 2012.

**Member**

Wisconsin CVS Pharmacy, L.L.C.

By: Linda M. Cimbron

Its: Linda M. Cimbron  
Assistant Secretary



State Bar of Wisconsin Form 1-2003  
WARRANTY DEED

Document Number

Document Name

THIS DEED, made between Lucky Redheads, LLC, a Wisconsin limited liability company

("Grantor," whether one or more), and CVS 75567 WI, L.L.C., a Delaware limited liability company

("Grantee," whether one or more).

Grantor for a valuable consideration, conveys to Grantee the following described real estate, together with the rents, profits, fixtures and other appurtenant interests, in Dane County, State of Wisconsin ("Property") (if more space is needed, please attach addendum):

Lot 1 of Certified Survey Map No. 1314, recorded in the office of the Register of Deeds for Dane County, Wisconsin on July 22, 2011 as Document Number 4779111.

\*251/0708-252-0084-6 and part of 251/0708-252-0118-3

**KRISTI CHLEBOWSKI  
DANE COUNTY  
REGISTER OF DEEDS**

**DOCUMENT #  
4779578**

07/26/2011 08:19 AM

Trans. Fee: 6462.00

Exempt #:

Rec. Fee: 30.00

Pages: 3

Recording Area

Name and Return Address

Thomas Bhisitkul, Esq.

Hinckley, Allen & Snyder LLP

28 State Street

Boston, MA 02019

\*\*

Parcel Identification Number (PIN)

This is not homestead property.  
(Is) (Is not)

Grantor warrants that the title to the Property is good, indefensible, in fee simple and free and clear of any liens or encumbrances except: those matters set forth in Exhibit A attached hereto (the "Permitted Encumbrances"). Grantor and its successors and assigns shall defend title to the Property to Grantee, its successors and assigns, against the lawful claims and demands of all persons, subject to the Permitted Encumbrances.

Dated July 20, 2011

[Signature] (SEAL) \_\_\_\_\_ (SEAL)  
\* Daren Duffey, Member \*  
\_\_\_\_\_  
(SEAL) \_\_\_\_\_ (SEAL)  
\*

**AUTHENTICATION**

Signature(s) \_\_\_\_\_

authenticated on \_\_\_\_\_

TITLE: MEMBER STATE BAR OF WISCONSIN

(If not, \_\_\_\_\_  
authorized by Wis. Stat. § 706.06 )

THIS INSTRUMENT DRAFTED BY:

Attorney Loren R. Paulson  
Madison, Wisconsin

**ACKNOWLEDGMENT**

STATE OF WISCONSIN )

) ss.

DANE COUNTY )

Personally came before me on July 20, 2011

the above-named Daren Duffey, a member of Lucky Redheads, LLC

to me known to be the person(s) who executed the foregoing instrument and acknowledged the same.

[Signature]  
\* Loren R. Paulson

Notary Public, State of Wis

My commission (is permanent) (expires: \_\_\_\_\_)

(Signatures may be authenticated or acknowledged. Both are not necessary.)

NOTE: THIS IS A STANDARD FORM. ANY MODIFICATION TO THIS FORM SHOULD BE CLEARLY IDENTIFIED.

WARRANTY DEED

©2003 STATE BAR OF WISCONSIN

FORM NO. 1-2003

\*Type name below signatures.

INFO-PRO™ Legal Forms • (800)855-2021 • info@proforms.com

State Bar of Wisconsin Form 1-2003  
WARRANTY DEED

Document Number

Document Name

THIS DEED, made between Lucky Redheads, LLC, a Wisconsin limited liability company

("Grantor," whether one or more), and CVS 75567 WI, L.L.C., a Delaware limited liability company

("Grantee," whether one or more).

Grantor for a valuable consideration, conveys to Grantee the following described real estate, together with the rents, profits, fixtures and other appurtenant interests, in Dane County, State of Wisconsin ("Property") (if more space is needed, please attach addendum):

Recording Area

Name and Return Address  
**Thomas Bhisitkul, Esq.**  
**Hineckley, Allen & Snyder LLP**  
**28 State Street**  
**Boston, MA 02019**

\*\*

Parcel Identification Number (PIN)

This is not homestead property.  
(is) (is not)

Lot 1 of Certified Survey Map No. 13141, recorded in the office of the Register of Deeds for Dane County, Wisconsin on July 22, 2011 as Document Number 477911.

\*\*251/0708-252-0084-6 and part of 251/0708-252-0118-3

Grantor warrants that the title to the Property is good, indefeasible, in fee simple and free and clear of any liens or encumbrances except: those matters set forth in Exhibit A attached hereto (the "Permitted Encumbrances"). Grantor and its successors and assigns shall defend title to the Property to Grantee, its successors and assigns, against the lawful claims and demands of all persons, subject to the Permitted Encumbrances.

Dated July 20, 2011

Daren Duffey (SEAL) \_\_\_\_\_ (SEAL)  
\* Daren Duffey, Member \_\_\_\_\_ \*

\_\_\_\_\_  
(SEAL) \_\_\_\_\_ (SEAL)  
\* \_\_\_\_\_ \*

**AUTHENTICATION**

Signature(s) \_\_\_\_\_  
authenticated on \_\_\_\_\_

\* \_\_\_\_\_  
TITLE: MEMBER STATE BAR OF WISCONSIN  
(If not, \_\_\_\_\_  
authorized by Wis. Stat. § 706.06 )

THIS INSTRUMENT DRAFTED BY:  
Attorney Loren R. Paulson  
Madison, Wisconsin

**ACKNOWLEDGMENT**

STATE OF WISCONSIN )  
 ) ss.  
DANE COUNTY )

Personally came before me on July 20, 2011,  
the above-named Daren Duffey, a member of Lucky Redheads, LLC

to me known to be the person(s) who executed the foregoing instrument and acknowledged the same.

Loren R. Paulson  
\* Loren R. Paulson  
Notary Public, State of Wis  
My commission (is permanent) (expires: \_\_\_\_\_)

(Signatures may be authenticated or acknowledged. Both are not necessary.)

NOTE: THIS IS A STANDARD FORM. ANY MODIFICATION TO THIS FORM SHOULD BE CLEARLY IDENTIFIED.

WARRANTY DEED

©2003 STATE BAR OF WISCONSIN

FORM NO. 1-2003

\*Type name below signatures.

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## Exhibit A

### Permitted Encumbrances

1. Taxes and assessments on the Property which are a lien, but which are not yet billed, or are billed but are not yet delinquent.
2. All municipal building and zoning laws, codes and ordinances affecting the Property.
3. Limitations imposed upon ingress to and egress from the above-described premises (including ramps and connection roads on the right of way thereof), as set forth in a finding, determination and declaration by the State Highway Commission of Wisconsin, recorded August 10, 1950 in the Office of the Register of Deeds for Dane County, Wisconsin in Volume 232 Misc., Page 204, as Document No. 802720, wherein said highway is designated as a controlled-access highway under the provisions of Section 84.25 of the Wisconsin Statutes.
4. Plat of First Addition to Park Towne, recorded as Document No. 1258522, and all easements, restrictions, notations and other matters shown therein.
5. Declaration of Covenants, Conditions and Restrictions recorded on February 4, 1970 in Volume 158 of Records, Page 62, as Document No. 1258523, and in Declaration of Covenants, Conditions and Restrictions of Fourth Addition to Park Towne recorded July 25, 1972, as Document No. 1334117 as amended by Declaration of Covenants, Conditions and Restrictions contained in instrument recorded August 1, 1973, as Document No. 1373566 providing for no forfeiture or reversion of title in case of violation.
6. Covenants and restrictions contained in Quit Claim Deed recorded November 15, 2001, as Document No. 3401163.
7. Right of Entry Agreement dated November 9, 2001 and recorded November 15, 2001, as Document No. 3401164.
8. Covenants and restrictions contained in Quit Claim Deed recorded August 2, 2002, as Document No. 3523446.
9. Annexation to the City of Madison recorded January 4, 1968, as Document No. 1204139.
10. Annexation to Madison Metropolitan Sewerage District recorded August 8, 1969, as Document No. 1247637.
11. Right of Way for Underground Electric Line recorded August 12, 1969, as Document 1247780.
12. Plat of Fourth Addition to Park Towne, recorded as Document No. 1324360, and all easements, restrictions, notations and other matters shown therein.

13. Declaration of Covenants, Conditions and Restrictions for Maintenance of Stormwater Management Measures recorded June 23, 2011 as Document No. 4772476.
14. Right of Way Grant Underground Electric recorded November 24, 2008 as Document No. 4483291.
15. Apparent unrecorded easement for pay phone in the Northwest corner of Parcel A, as shown on a survey prepared by R.A. Smith National, Inc., dated June 27, 2011, as Survey No. 164858.
16. Reciprocal Easement and Restriction Agreement, recorded June 28, 2011 as Document No. 4773306.
17. Reservations for easements, building setback lines and other matters shown on the Certified Survey Map of the Property referenced in the legal description.

DEED

# Appointment of New Liquor/Beer Agent

**To be completed by Corporate Officer or Member of LLC**

I, Linda M Cimbron, officer/member for Wisconsin CVS Pharmacy, L.L.C.

(Corporation/LLC), doing business as CVS/pharmacy # 7147, authorize and appoint

Kara Moore (Name) as the liquor/beer agent for the premise

located at 6701 Mineral Point Rd, Madison, WI 53705.

Subscribed and sworn to before me this

11<sup>th</sup> Day of January, 20 12

Therese M. Fluette  
Notary Public, Dane County, Wisconsin

My Commission Expires Providence Rhode Island

Linda M. Cimbron  
Signature of Officer/Member

Linda M. Cimbron  
Assistant Secretary

Therese M. Fluette  
Notary Public  
State of Rhode Island

My Commission Expires 09/02/2013

**To be completed by appointed Liquor/Beer Agent**

I, Kara Moore, appointed liquor/beer agent for Wisconsin CVS Pharmacy, L.L.C. (name of Corporation or LLC), being first duly sworn

say I have vested in me, by properly authorized and executed written delegation, full authority and control of the premise described in the license of such corporation or limited liability company, and I am involved in the actual conduct of the business as an employee, or have a direct financial interest in the business of the licensee, therein relating to the intoxicating liquor/fermented malt beverage. The interest I have in the business is 0 %.

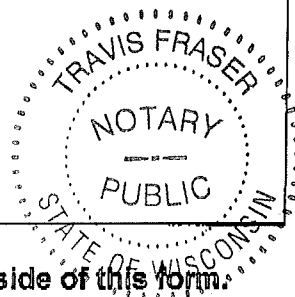
Subscribed and sworn to before me this

9<sup>th</sup> Day of January, 20 12

[Signature]  
Notary Public, Dane County, Wisconsin

My Commission Expires 11/4/15

Kara Moore  
Signature of Agent



The appointed Liquor/Beer Agent must complete the other side of this form.

# WISCONSIN

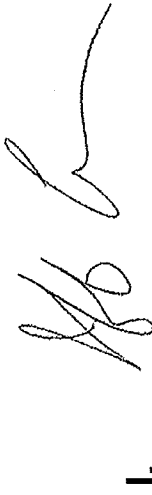
# SELLER / SERVER CERTIFICATION

Trainee Name: Kara J Moore

Date of Completion: 01/09/2012 20:55 CST

School Name: Learn2Serve

Certification #: WI 1748433

I, 

certify that the above named person  
successfully completed an approved  
Learn2Serve Seller/Server course.

COMPLIES WITH WISCONSIN STATUTES 125.04, 125.17, 134.66

Corporate Headquarters  
13801 N. Mopac, Suite 100  
Austin, Texas 78727  
P: 800-442-1149

## CVS/pharmacy Menu Items

Retail sales of drugs, health & beauty aids, tobacco, alcohol beverages, general merchandise and pre-packaged foods. (See list below)

### Snack Items

- Cereal
- Cookies
- Crackers
- Nuts
- Chips
- Pretzels

### Candy

- Seasonal Candy
- Check Out Candy

### Dairy Products

- Ice Cream
- Eggs
- Milk
- Ice

### Drinks

- Soda
- Juices
- Water

### Frozen Foods

- Frozen Dinners
- Pizza
- Breakfast Snacks
- Package Deli Meats

### Grocery Line

- Soups
- Sauces
- Gravies
- Rice
- Pasta
- Can Fruits
- Condiments

### Baby Food

- Formula
- Dry Cereal
- Jars

### Diet Supplement

- Slim Fast
- Energy Bars
- Power Juices





**ARTICLES OF ORGANIZATION - LIMITED LIABILITY COMPANY**

Executed by the undersigned for the purpose of forming a Wisconsin limited liability company under Ch. 183 of the Wisconsin Statutes:

Article 1. Name of the limited liability company:

Wisconsin CVS Pharmacy, L.L.C.

Article 2. The limited liability company is organized under Ch. 183 of the Wisconsin Statutes.

Article 3. Name of the initial registered agent: CT Corporation System

Article 4. Street address of the initial registered office:  
(The complete address, including street and number, if assigned, and ZIP code. P O Box address may be included as part of the address, but is insufficient alone.)

8025 Excelsior Drive,

Suite 200,

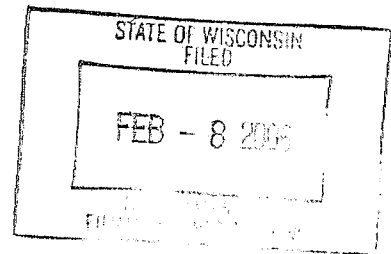
Madison, WI 53717

Article 5. Management of the limited liability company shall be vested in:  
(Select and check (X) the one appropriate choice below)

a manager or managers

OR

its members



Article 6. Name and complete address of each organizer:

Melanie K. Luker  
One CVS Drive  
Woonsocket RI 02895

Organizer's signature

Organizer's signature

This document was drafted by Melanie K. Luker

(Name the individual who drafted the document)

➤ OPTIONAL – Second choice company name if first choice is not available:

**FILING FEE - \$170.00** See instructions, suggestions, and procedures on following pages.  
(Note: Electronic edition of this form is "Quickstart LLC," available at [www.wdfi.org](http://www.wdfi.org) at a lower fee.)  
DFI/CORP/502(R04/22/03) Use of this form is voluntary. 1 of 2