RETAIL LICENSE TRANSFER - PREMISES TO PREMISES Wisconsin Department of Révenue

FEE \$ 30.00

APPLICATION FOR TRANSFER OF LICENSES FOR SALE OF FERMENTED MALT BEVERAGES AND/OR INTOXICATING LIQUOR FROM ONE PREMISES TO ANOTHER

•				Madison	Madison	
		•		October	11	_ , 20 06
To the go	overning body of the (City) (Allege X (Toka) of	Madison		<u> </u>	·
County o						
The	undersigned hereby applies) for a transfer of (Class A Lic MassA Beer	quor license from	1864 Mor	roe
Street	, Madison, Wisconsi	n	to 1810 Mo	nroe Street	, Madison,	Wisconsin
on or abo	October 11, 2006		и	.—	d (ocation)	
1. APP	LICANT: (print name and ad	dress plainly)				
(a)	Full name of applicant Tra	ader Joe's E	ast, Inc.			
(b)	Address 117 Kendrick	St., Suite	700, Need	ham, MA 0249	94	
	ATION AND DESCRIPTION cribe buildings wh					IS MADE:
(a)	Street number 1810 Mon	nroe Street,	Madison,	Wisconsin	·	
(b)	Trade name of establishme	nt <u>Trader Joe</u>	's East,	Inc., dba Tr	ader Joe	s #712
(c)	Physical description of build Monroe Commons Cond Lease attached to a City of Madison rea	dominium Bui application.	lding - gr This con	ocery store stitutes th	premises e same pre	per mises;
(d)	Legal description (omit if str	eet address is gi	ven above.)			
(e)	is any other business cond Grocery store	ucted on same p	oremises?	X Yes	No If so,	what?
(f)	Was this location licensed t	for beer or liquo	during the pa	ıst year?	Yes 🖾 No)
(g)	Give name and address of	previous license	e. <u>N/A</u>			
(h)	Will the previous licensee s	urrender its lice	nse? [] Y	es No	N/A "	

AT-112 (R. 3-01)

Wisconsin Department of Pervenue

License # 76225, 76226

ALL APPLICANTS FOR TRANSFER OF CLASS B LICENSES MUST ANSWER THE FOLLOWING: If granted, state any interest, directly or indirectly, that any brewer, bottler, wholesaler, manufacturer, or 3. rectifier will hold in the premises for which you are applying If you do not own the fixtures, state the manner, terms and conditions under which said fixtures are held State of County of (I) (We), being first duly swom on oath says that (he/she is) (they are) the person(s) above named and that the answers to the questions in each instance are complete and true. Subscribed and swom to before me this 1th day of October CHRISTINE J. GREENWOOD Notary Public Commonwealth of Massachusetts Notary Public, Chusting & Greenwood County, Nor folk ly Commission Expires Jun 12, 2009 My Commission Expires ___ CLASS OF BUSINESS Submitted to Council or Board Date Treasurer's Receipt No. Proposed Location_ Original Location License No._ Approved Denied Filed