

ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning July 1 20 10 ;
ending June 30 20 11

TO THE GOVERNING BODY of the: Town of } Madison
 Village of }
 City of }

County of Dane 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): Target Corporation d/b/a Target Stores

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.

Title	Name	Home Address	Post Office & Zip Code
President/Member	<u>See attached officer list</u>		
Vice President/Member	_____		
Secretary/Member	_____		
Treasurer/Member	_____		
Agent	<u>Christopher Perras</u>	<u>4110 Winnemac Ave, Madison 53711</u>	
Directors/Managers	_____		

3. Trade Name Target Store T-2765 Business Phone Number (612)761-1015 (HQ)
4. Address of Premises 750 Hilldale Way Post Office & Zip Code Madison 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? Yes No
6. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? Yes No
7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? Yes No
8. (a) Corporate/limited liability company applicants only: Insert state MN and date 02/11/1902 of registration.
(b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? Yes No
(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? Yes No

(NOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 above.)

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.) See attached description
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? Yes No
(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? [phone 1-800-937-8864]. Yes No
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? [phone (608) 266-2776] Yes No
14. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No

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. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.) Any lack of access to any portion of a licensed premises 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 17 day of December 20 10

Jody Lindquist (Clerk/Notary Public)
Jody L. Lindquist (Notary Public - Minnesota)
My commission expires 1-31-2015

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>12-21-10</u>	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued <u>91954</u> <u>91955</u>	

Applicant's Wisconsin Seller's Permit Number: <u>456-0000026531-04</u>	
Federal Employer Identification Number (FEIN): <u>41-0215170</u>	
LICENSE REQUESTED	
TYPE	FEE
<input checked="" type="checkbox"/> Class A beer	\$
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Wholesale beer	\$
<input type="checkbox"/> Class C wine	\$
<input checked="" type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$ <u>40.00</u>
TOTAL FEE	\$ <u>40.00</u>

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 checked="" 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 type="checkbox"/> *Articles of Incorporation	<input checked="" type="checkbox"/> Floor Plans <input checked="" type="checkbox"/> Lease <input type="checkbox"/> Sample Menu <input type="checkbox"/> Business Plan * Corporation/LLC only
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1. Name of Applicant/Partner/Corporation/LLC Target Corporation
2. Address of Licensed Premise 750 Hilldale Way, Madison 53705
3. Telephone Number: (612) 761-1015 (HQ) 4. Anticipated opening date: 3/1/2011
5. Mailing address if not opening immediately 1000 Nicollet mall TPN-0910, Minneapolis, MN 55403
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. No Active Association

8. What type of establishment is contemplated? Liquor Store Grocery Store
 Convenience Store – Gas Pumps Yes No Other—Explain Upscale Discount Retail/ Grocery
9. Business Description: Upscale Discount Retail/Grocery
Hours of Operation: Monday-Saturday 8am-10pm, Sunday 8am-9pm

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

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. See attached site plan.

13. Describe your management experience, staffing levels, duties and employee training.

See attached list of Target Stores with Liquor Licenses and training documents.

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.

CT Corporation System 44 East Mifflin Street, Madison, WI 53703

Name Address

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

Above average income, middle-aged female guests who currently shop Target for grocery and general merchandise.

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

Current advertising methods for liquor are limited to in-store signing and in-store promotional pricing.

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

18. Owner of building where establishment is located: Target Corporation

Address of Owner: 1000 Nicollet mall, Minneapolis, MN 55403 Phone Number 612-761-1015

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? N/A Yes No

20. List the Directors of your Corporation/LLC

See Target.com / Company Information / Investors / Annual Reports

Name _____ Address _____

Name _____ Address _____

21. List the Stockholders of your Corporation/LLC

Target Corporation is publicly traded on the NYSE

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.

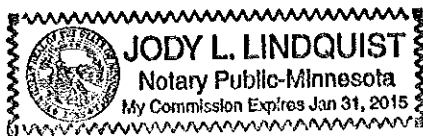
Subscribed and Sworn to before me:

this 17 day of December 2010

Jody Lindquist
(Clerk/Notary Public)

My commission expires 1-31-2015

[Signature]
(Officer of Corporation/Member of LLC/Partner/Individual)



Description of premise:

Of the total square footage of 148,840, 112,903 square feet is for retail sales, 22,363 square feet is for storage, and 130-150 square feet is planned for the display and sale of alcohol. Please see attached plan.

Target Corporation would be applying for package, off-premises liquor license. There will be no bar area, and there is no food being served in connection with the sale of alcohol. Target Corporation prides itself in providing the community with a large variety of products, permitting its guests and neighbors the convenience of "One Stop Shopping". The addition of a liquor license will enhance this concept.

Target also programs its cashiering system to prompt cashiers to ask for ID when a UPC for alcohol is scanned. The cashier must scan the guests ID. The register indicates whether the sale can go through. If the Village has age restrictions for cashiers, an underage cashier is trained to contact a manager to complete an alcohol sale.



WISCONSIN DEPARTMENT OF REVENUE
 PO BOX 8902
 MADISON, WI 53708-8902

State of Wisconsin • DEPARTMENT OF REVENUE

REGISTRATION UNIT
 2135 RIMROCK RD PO BOX 8902 MADISON, WI 53708-8902
 PHONE: 608-266-2776 FAX: 608-261-6248
 EMAIL: sales10@revenue.wi.gov WEBSITE: www.revenue.wi.gov

ATTN CAROLE HELMIN
 TARGET CORPORATION
 PO BOX 9471 TPN 0910
 MINNEAPOLIS MN 55440-9401

Letter ID: L1591172928
 Batch Index: 836594176-34

Wisconsin Department of Revenue

Seller's Permit

LEGAL/REAL NAME: TARGET CORPORATION
 BUSINESS NAME: TARGET STORE T-2765
 750 HILLDALE WAY
 MADISON WI 53705

The seller whose name appears above is authorized to engage in the business of selling tangible personal property and taxable services at the location shown. This permit is not transferable and is not valid at any other location. This permit must be conspicuously displayed at the place of business for which issued. Return this permit to the Department if you discontinue sales of taxable property and services at this location.

If your business is not operated from a fixed location, such as craft shows, flea markets, etc., this permit should be displayed or carried with you to the various events.

Tax Type	Account Type	Filing Number	Account Number
Sales & Use	Seller's Permit		456-0000026531-04

WISCONSIN

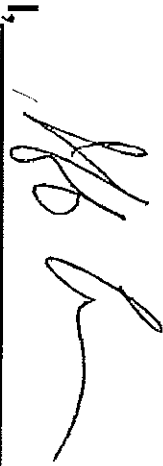
SELLER / SERVER CERTIFICATION

Trainee Name: Christopher G Perras

Date of Completion: 12/16/2010 11:44 CST

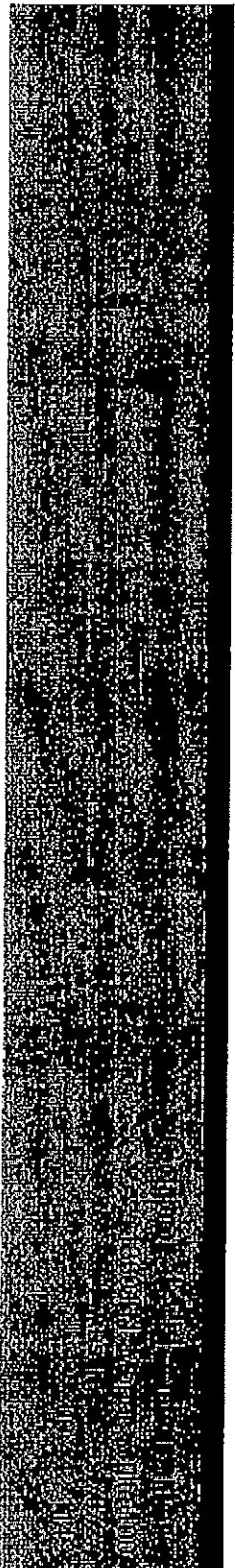
School Name: Learn2Serve

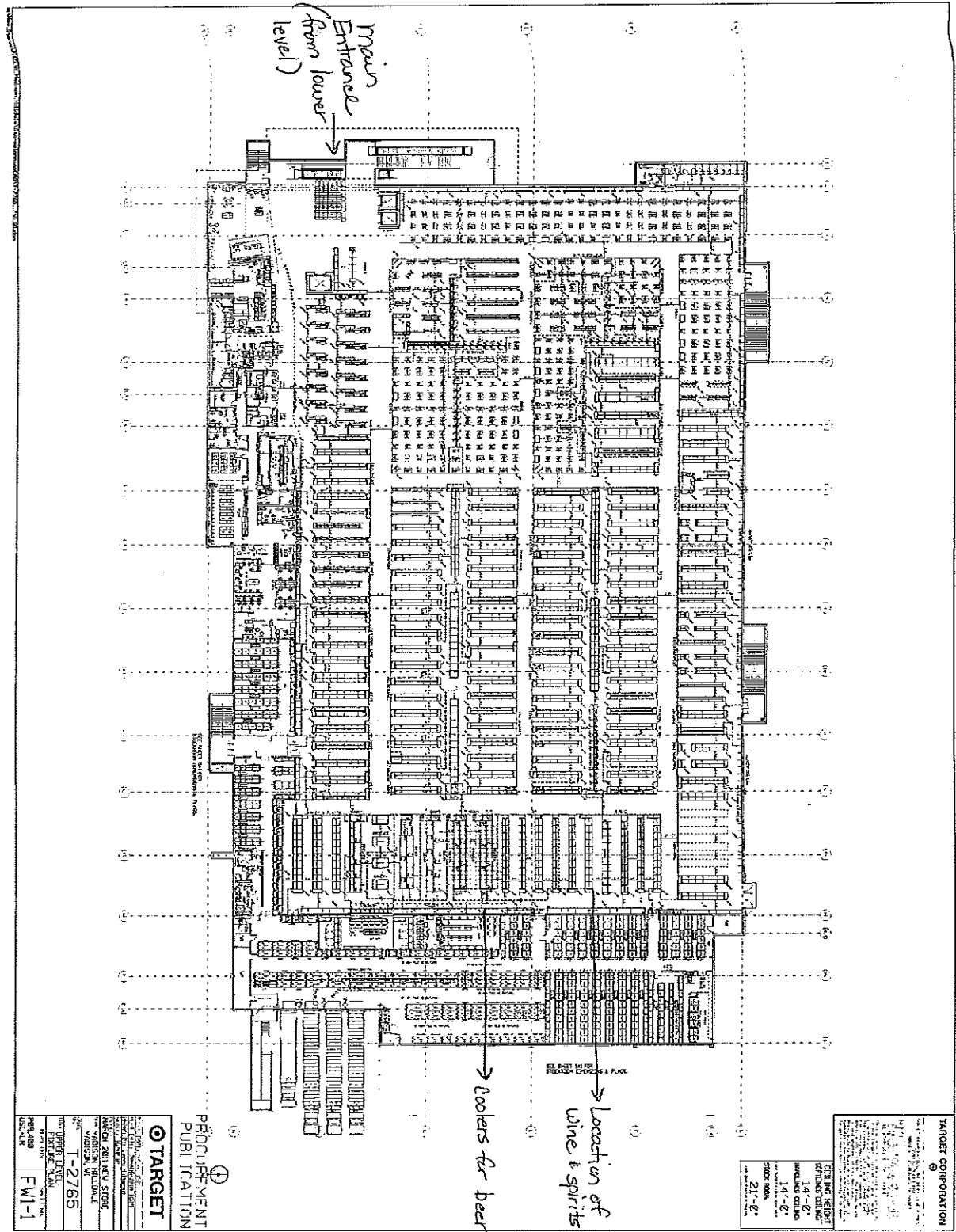
Certification #: WI 1786545

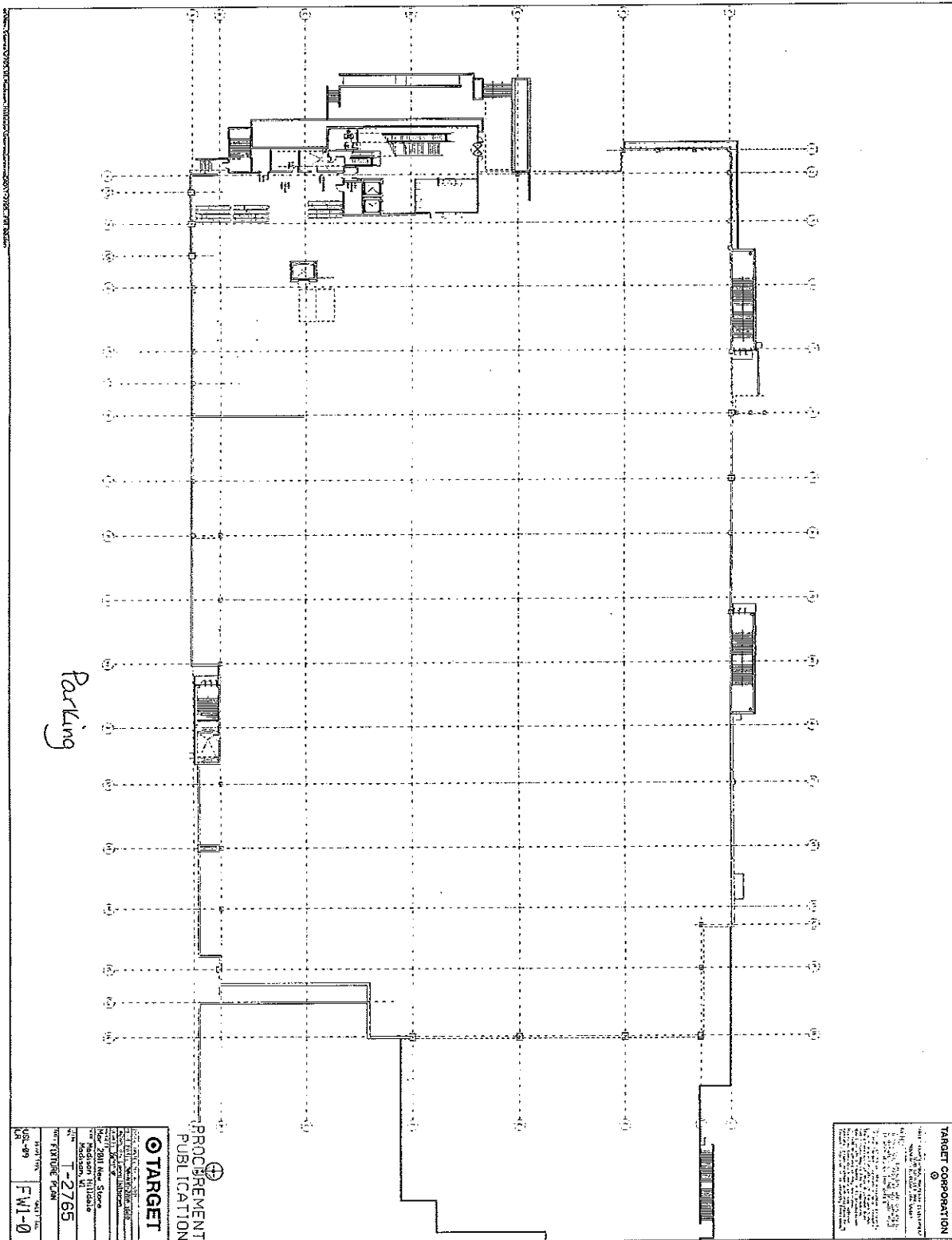
I, 

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

COMPLIES WITH WISCONSIN STATUTES 125.04, 125.17, 134.66







TARGET CORPORATION
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 FAX: 815/221-1101
 WWW.TARGET.COM
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