

Jun 30 2010 11:04AM City Clerks Office

No 1515 P. 2

ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning ... 20 ... ; ending ... 20 ...

TO THE GOVERNING BODY of the: [ ] Town of [ ] Village of [x] City of Madison County of Dane Aldermanic Dist. No ...

Table with columns: TYPE, FEE. Rows include Class A beer, Class B beer, Wholesale beer, Class C wine, Class A liquor, Class B liquor, Reserve Class B liquor, Publication tea, and TOTAL FEE.

- 1. The named [ ] INDIVIDUAL [ ] PARTNERSHIP [x] 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.

Title Name Home Address Post Office & Zip Code
President/Member President Zenon P. Lankowsky, 4 Francis Farm Road, Harrisville, RI 02830
Vice President/Member Vice President/Treasurer, Carol A. DeNale, 75 Poplar Street, Watertown, MA 02472
Secretary/Member Vice President/Secretary, Thomas S. Moffatt, 29 Homestead Circle, Kingston, RI 02881
Treasurer/Member
Agent DAN PETERSON, 310 Evans Drive, Evansville, WI 53536
Directors/Managers Zenon P. Lankowsky, director, 4 Francis Farm Road, Harrisville, RI 02830

3. Trade Name CVS/pharmacy #4930 Business Phone Number pending
4. Address of Premises 2 South Bellevue Madison, WI Post Office & zip code 53793

- 5. Is individual, partner or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? [x] Yes [ ] No
6. Is the applicant an employee or agent of, or acting on behalf of anyone except the named applicant? [ ] Yes [x] No
7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? [ ] Yes [x] No
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? [x] 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? [x] 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.) sales floor and storage room

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 [x] 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? [x] 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? [x] Yes [ ] No
14. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? [x] 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.

SUBSCRIBED AND SWORN TO BEFORE ME
this ... day of ... 20 10
Cathy Tardie
Notary Public
(Clark/Notary Public of Rhode Island)
My commission expires ... My Commission Expires 07/06/2011

(Officer or Corporation/Member/Manager of Limited Liability Company/Partner/Individual)
(Officer or Corporation/Member/Manager of Limited Liability Company/Partner)
(Additional Person (Single Member/Manager of Limited Liability Company if Any))

TO BE COMPLETED BY CLERK
Table with columns: Date received and filed with municipal clerk, Date reported to council/board, Date provisional license issued, Signature of Clerk / Deputy Clerk, Date license granted, Date license issued, License number issued.

## City of Madison Supplemental Class A License Application

<input type="checkbox"/> Seller's Permit Number <input type="checkbox"/> Federal Employer Identification # <input type="checkbox"/> Notarized Original Application Form <input 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 type="checkbox"/> *Notarized Appointment of Agent <input type="checkbox"/> Background Investigation Form(s) <input type="checkbox"/> Notarized Transfer of Ownership <input type="checkbox"/> *Articles of Incorporation	<input type="checkbox"/> Floor Plans <input 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 Wisconsin CVS Pharmacy, LLC  
 2 Address of Licensed Premise 2 South Bedford Street, Madison, WI 53703  
 3 Telephone Number: pending 4. Anticipated opening date: 8-15-2010  
 5 Mailing address if not opening immediately One CVS Drive, MD# 23063A, 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 Pharmacy

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.**

brick, one story building

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. \_\_\_\_\_  
lighted at night

13. Describe your management experience, staffing levels, duties and employee training.  
Store manager completed Wisconsin Alcohol Seller/Server Course

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.  
Daniel Peterson 310 Evans Drive, Evansville, WI 53536  
 Name Address

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

N/A

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

N/A

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

18. Owner of building where establishment is located: Depot Development LLC

Address of Owner: 90 Badger Coaches  
5501 Fernside Drive Phone Number 608-255-1511  
Madison, WI 53718

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

Zanon Phankowsky, 4 Francis Farm Road, Harrisville, RI 02830

Name Address

Carol A. DeNata, 75 Poplar Street, Water town, MA 02472

Name Address

Thomas S. Moffatt, 29 Homestead Circle, Kingston, RI 02881

Name Address

21. List the Stockholders of your Corporation/LLC

CVS Pharmacy, Inc, One CVS Drive, Woonsocket, RI 100%

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 23rd day of June, 2010

Randa M. Ambrose  
(Officer of Corporation/Member of LLC/Partner/Individual)

Cathy Tardie  
(Clerk/Notary Public)

My commission expires Cathy Tardie  
Notary Public  
State of Rhode Island  
My Commission Expires 07/06/2011

**Wisconsin CVS Pharmacy, L.L.C.**

**Corporate Officers**

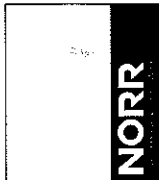
Name: Zenon P Lankowsky  
Title: President  
Bus Address: One CVS Drive  
Woonsocket RI 02895  
Home Address: 4 Francis Farm Road  
Harrisville RI 02830  
Phone: (401) 765-1500

Name: Carol A DeNale  
Title: Vice President/Treasurer  
Bus Address: One CVS Drive  
Woonsocket RI 02895  
Home Address: 75 Poplar St  
Watertown, MA 02472  
Phone: (401) 765-1500

Name: Thomas S Moffatt  
Title: Vice President/Secretary  
Bus Address: One CVS Drive  
Woonsocket RI 02895  
Home Address: 29 Homestead Circle  
Kingston RI 02881  
Phone: (401) 765-1500

Name: Melanie K Luker  
Title: Assistant Secretary  
Bus Address: One CVS Drive  
Woonsocket, RI 02895  
Home Address: 40 Poppy Drive  
Cranston RI 02920  
Phone: (401) 765-1500

Name: Linda M Cimbron  
Title: Assistant Secretary  
Bus Address: One CVS Drive  
Woonsocket, RI 02895  
Home Address: 45 Bridge Street  
Warren RI 02885  
Phone: (401) 765-1500



CONSULTANT:

SEAL:

**CVS/**  
pharmacy  
AS IS 12,220 SP  
STORE NUMBER: 4930  
BEDFORD & WASHINGTON  
MADISON, WI

DEVELOPER:  
**GBC**  
GRESHAM HAVEN INDUSTRY DEVELOPMENT, INC.  
800 ONE MAIN STREET, SUITE 100  
MADISON, WI 53703-5430  
TEL: 608-263-1700

REVISIONS:  
11-09-2009 PERMIT SET  
12-11-2009 ADDENDUM 1  
02-20-2009 FINAL MERCH PLAN

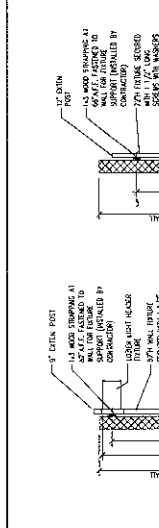
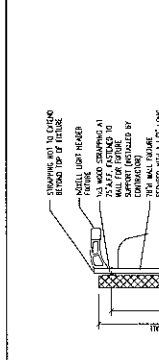
CVS P.M. A. TUREK  
DRAWING BY: SROBACH  
DATE: 11-02-2009  
JOB NUMBER: CS22445  
TITLE: MERCHANDISE PLAN  
SHEET NUMBER:

COMMENTS:  
F1

**STORE AREA CALCULATIONS**

TOTAL STORE AREA:	RETEN. AREA:	REVENUE AREA:
12,220 SF	1,815 SF	1,815 SF
SHARED AREA:	STAIRS:	MECHANICAL AREA:
1,000 SF	1,000 SF	1,000 SF
1,220 SF	1,220 SF	1,220 SF

NO STORES LOCATED ON THIS SITE. ALL STORES ARE LOCATED ON THE OTHER SIDE OF THE ROAD.



**WALL UNIT SUPPORT DETAIL - LOWER FIXTURE.**  
SCALE: NONE

**WALL UNIT SUPPORT DETAIL - WALL UNIT FIXTURE.**  
SCALE: NONE

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SCALE: NONE

**WALL UNIT SUPPORT DETAIL - LOWER FIXTURE.**  
SCALE: NONE

**CVS**  
4930  
JOB TYPE: NEW  
FIXTURE TYPE: LOZ

**PROJECT #1**

**GROUP FILE NOTES:**

- 1-10-2009: PRELIMINARY LAYOUT
- 11-02-2009: REVISED LAYOUT
- 12-11-2009: REVISED LAYOUT
- 02-20-2009: REVISED LAYOUT

**DETAILED NOTES:**

- 3- BALCONY P.K.
- 4- COMPRESSOR ROOF
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