

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 } Madison
 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): Hy-Vee, Inc.

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	CEO/President	Richard N. Jurgens	3008 Jordan Grove	West Des Moines, IA 50265
Vice President/Member	Executive VP	Kenneth W. Waller	8024 Tiburon Place	Johnston, IA 50131
Secretary/Member	Secretary	Stephen P. Meyer	300 Walnut Street #115	Des Moines, IA 50309
Treasurer/Member	CFO/Treasurer	John C. Briggs	8 Sugar Creek Lane	Waukee, IA 50263
Agent		Michael J. George	211 Warren Street	Albany, WI 53502

Directors/Managers
3. Trade Name Hy-Vee Madison Business Phone Number 515-267-2800

4. Address of Premises 3801 East Washington Ave. Post Office & Zip Code Madison, WI 53704

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 Iowa and date 01/03/38 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

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

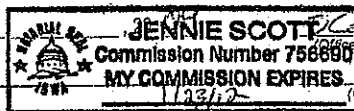
READ CAREFULLY BEFORE SIGNING: Under penalty provided by law the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the 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 5th day of June

[Signature]
(Clerk/Notary Public)

My commission expires 1/23/12



Kevin Reeve
of Corporation/Member/Manager of Limited Liability Company/Partner/Individual
ASST VICE PRESIDENT, CONTROLLE
of Corporation/Member/Manager of Limited Liability Company/Partner

(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

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	

Applicant's Wisconsin Seller's Permit Number: <u>456-1026377528-03</u>	
Federal Employer Identification Number (FEIN): <u>42-0325638</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	\$
TOTAL FEE	\$

Question #9

Our total sq footage for our grocery store and liquor store together is 90,693 sq feet. The liquor store itself is 5,344 sq feet. The liquor store is accessible from the outside and from the grocery store itself. Our back stock for the liquor store will be stored in the backroom of the grocery store due to the liquor store not having a storage area itself.

SHIPPED JUN 12 2009

City of Madison Supplemental Class A License Application

<input checked="" type="checkbox"/> Seller's Permit Number	<input checked="" type="checkbox"/> Description of Licensed Premise	<input checked="" type="checkbox"/> Floor Plans
<input checked="" type="checkbox"/> Federal Employer Identification Number	<input checked="" type="checkbox"/> *Notarized Appointment of Agent	<input type="checkbox"/> Lease (HyVee owns)
<input checked="" type="checkbox"/> Notarized Original Application Form	<input checked="" type="checkbox"/> Background Investigation Form(s)	<input type="checkbox"/> Sample Menu <i>Don't need</i>
<input checked="" type="checkbox"/> Notarized Supplemental Form	<input checked="" type="checkbox"/> Notarized Transfer of Ownership	<input type="checkbox"/> Business Plan
	<input type="checkbox"/> *Articles of Incorporation	* Corporation/LLC only

- Name of Applicant/Partner/Corporation/LLC Hy-Vee, Inc. DBA Hy-Vee Madison
- Address of Licensed Premise 3801 East Washington Ave, Madison, WI 53704
- Telephone Number: 515-267-8000 4. Anticipated opening date: Oct 27th, 2009
- Mailing address if not opening immediately 5820 Westown Pkwy, West Des Moines, IA 50266
- 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
- Are there any special conditions desired by the neighborhood? Yes No
Explain: See attached

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

9. Business Description: Grocery store with Liquor store attached

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

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

Michael George 211 Warren street, Albany, WI
 Name Address 53502

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

See attached

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

TU, Radio, Newspaper, and the internet. All types of products.

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

18. Owner of building where establishment is located: Hy-Vee, Inc.

Address of Owner: 5820 Westown Pkwy, West Des Moines IA, 50266 Phone Number 515-267-2800

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

20. List the Directors of your Corporation/LLC

See attached

Name	Address

21. List the Stockholders of your Corporation/LLC

See attached letter

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 5th day of June, 2009

Kevin Reeve
(Officer of Corporation/Member of L.L.C./Partner/Individual)

[Signature]
(Clerk/Notary Public)

My commission expires 1/23/12



KEVIN REEVE
ASST VICE PRESIDENT, CONTROLLER

FOR THE ALRC Committee

HY-VEE POLICY/PROCEDURE MANUAL

January 1, 1997

**BULLETIN #201 (Replaces Bulletin Dated 2/1/95)
(formerly Bulletin #20)**

SUBJECT: MINIMUM AGE FOR BEER, WINE, SPIRITS, & TOBACCO SALES

Minimum age for an employee to sell, or a customer to purchase beer, wine, spirits, and tobacco varies by state law and is subject to change by legislative action. There are also restrictions, in some instances, covering the hours the products may be sold.

The burden to determine and stay current with your state law restrictions, and to enforce the restrictions, is the responsibility of the store director.

Ongoing, proper training of store personnel is required to stay in compliance. The cashier must ask for proof of age if there is any question concerning legal age to purchase the beverage. Some customers may resent and resist, but there is no alternative. Appearances are deceiving. Most customers realize this is the only way we can protect ourselves.

You must not sell beer, wine, or spirits to anyone intoxicated or appearing to be intoxicated.

In the event a violation is claimed, make no statements of any kind. Refer all statements to Hy-Vee's corporate attorney and notify your Assistant Vice President, Operations as quickly as possible.

Question #7

Neighborhood meetings were conducted for the two closet neighborhood associations and there were no special requests.

Question #10

Our total sq footage for our grocery store and wine and spirits store together is 90,693 sq feet. Our wine and spirits store is around 5,344 sq. feet and it is for retail sale of alcoholic beverages for off-site consumption. Customers can access the facility from the parking lot and the attached retail grocery store. The attached F & E depicts shelving and cooler locations for the display and sale of merchandise, which may be reconfigured within the same footprint as customer patterns are analyzed. The club room, identified on the attached F & E, and the sales floor shall be utilized for product sampling and tastings. No product will be sold for on-site consumption.

Question #12

The parking lot is similar to other area retail grocery/wine and spirits facilities and is comprised of surface stalls in close proximity to the customer entrances and they have vehicular ingress/egress access to the adjacent public roadways. The parking lot design and circulation has been approved by the Urban Design Commission and the Plan Commission. The parking lot will be monitored by security cameras and store employees.

Question #13

The Ass't VP of the eastern district which is over the Madison area has over 22 years in retail. We will have a store director, 6 managers, and 8-10 assistant managers that will all be experienced with handling alcohol. Typically, there will always be 2 assistant managers on duty at all times. The store director and one of the managers is usually around as well. We have always had the We Card program, checker training, and our register system is set up to ask for id when alcohol is purchased.

Question #15

With East Washington Avenue being one of the heaviest traveled corridors in Madison and because the facility has visibility from and multiple access points to East Washington, the site will have a regional draw allowing it to serve customers throughout east side of Madison and nearby communities.



June 4, 2009

City Of Madison
City County Building
210 Martin Luther King, Jr. Blvd.
Madison, WI 53703

Dear Sir / Madam,

Please note that Hy-Vee, Inc. is a privately held, employee-owned company. Our stock is not traded publicly. We have 435 common stockholders and 98 Class I common stockholders, of which none own more than 5%. These types of stock are laid out in our articles of incorporation. If you require further information, you can reach me at 515-267-2800.

Thank you,

Hy-Vee, Inc.

A handwritten signature in cursive script that reads "Kevin Reeve".

Kevin Reeve
Assistant Vice President, Controller

KR:jms

FIXTURE & EQUIPMENT PLAN



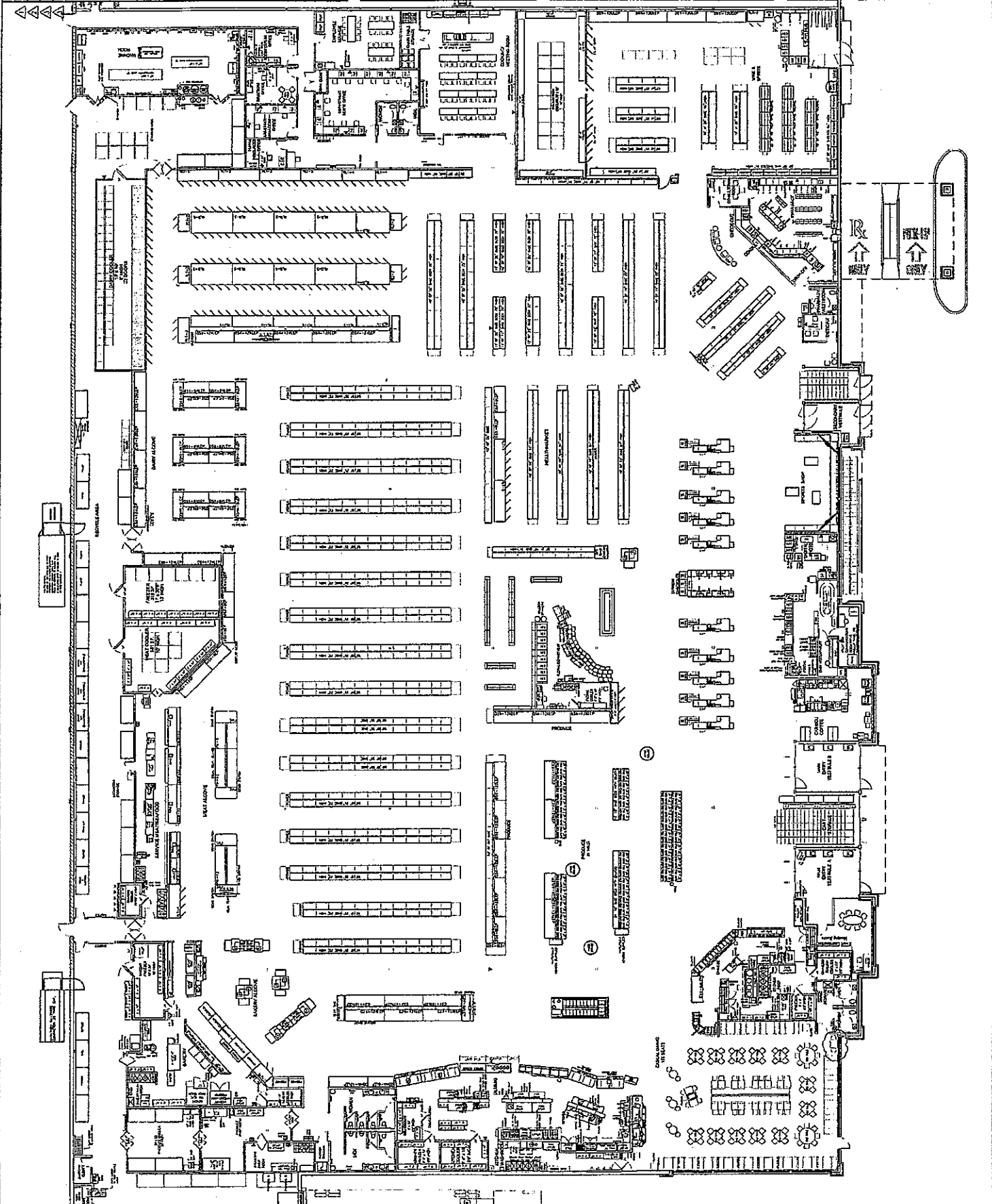
hryco
 MADISON, WISCONSIN

1400 WEST WASHINGTON AVENUE
 WEST DES MOINES, IOWA 52758
 TELEPHONE: 319.251.2222
 FAC: 319.251.2222

S V P A
 Architects Inc

1455 28th Street, Suite 200
 West Des Moines, Iowa 52256
 515.277.5990 Fax: 515.277.5991

REVISION	DATE	BY	DESCRIPTION
1	10/15/03	J. H. HARRIS	ISSUE FOR PERMIT
2	10/15/03	J. H. HARRIS	ISSUE FOR PERMIT
3	10/15/03	J. H. HARRIS	ISSUE FOR PERMIT
4	10/15/03	J. H. HARRIS	ISSUE FOR PERMIT
5	10/15/03	J. H. HARRIS	ISSUE FOR PERMIT
6	10/15/03	J. H. HARRIS	ISSUE FOR PERMIT
7	10/15/03	J. H. HARRIS	ISSUE FOR PERMIT
8	10/15/03	J. H. HARRIS	ISSUE FOR PERMIT
9	10/15/03	J. H. HARRIS	ISSUE FOR PERMIT
10	10/15/03	J. H. HARRIS	ISSUE FOR PERMIT



Appointment of New Liquor/Beer Agent

To be completed by Corporate Officer or Member of LLC

I, **KEVIN REEVE**
ASST VICE PRESIDENT, CONTROLLER officer/member for Hy-Vee, Inc.
(Corporation/LLC), doing business as Hy-Vee Madison, authorize and appoint
Michael George (Name) as the liquor/beer agent for the premise
located at 3801 E Washington, Madison, WI 53704

Subscribed and sworn to before me this

8 Day of May, 2009

Kevin Reeve
Signature of Officer/Member

Notary Public, Dane County, Wisconsin
Polk Iowa
My Commission Expires 1/23/2012



To be completed by appointed Liquor/Beer Agent

I, Michael George, appointed liquor/beer agent for
Hy-Vee, Inc. (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

11th Day of May, 2009

Leslie Biver
Notary Public, Dane County, Wisconsin
Dubuque Iowa
My Commission Expires 01-09-2010

Michael George
Signature of Agent



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