



## Office of the Town Clerk

Town of Brookfield | 645 N. Janacek Road, Brookfield, WI 53045

Office: 262-796-3788 | Clerk@TownofBrookfield.com

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### MEETING AGENDA

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Tuesday, September 2, 2025  
7 p.m.

Town Board  
Utility District No. 1  
Sanitary District No. 4

Eric Gnant Room  
TOB Municipal Building  
645 N. Janacek Rd., Brookfield, WI

1. Call to Order & Roll Call.
2. Meeting Notices.
3. Approval of Agenda.
4. Approval of Minutes:
  - a. August 5, 2025 meeting of the TB, UD1, SD4.
5. Citizen Comments: Three-minute limit.
6. Old Business: None.
7. New Business:
  - a. Discussion and possible action regarding the Class "B" Beer and "Class B" Liquor Alcohol Beverage License application for the Bombshell Theatre Company.
  - b. Discussion and possible action regarding the Change of Agent for Walgreens' Alcohol Beverage License.
8. Departments, Boards, Committee/Commission Reports/Recommendations: None.
9. Approval of Vouchers and Checks.
10. Communication and Announcements.
11. Adjourn.

Posted August 28, 2025  
Emily Howells, Deputy Clerk



## Office of the Town Clerk

Town of Brookfield | 645 N. Janacek Road, Brookfield, WI 53045

Office: 262-796-3788 | Clerk@TownofBrookfield.com

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### MEETING MINUTES

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Tuesday, August 19, 2025  
7 p.m.

Town Board  
Utility District No. 1  
Sanitary District No. 4

Eric Gnant Room  
TOB Municipal Building  
645 N. Janacek Rd., Brookfield, WI

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1. Call to Order & Roll Call.

Chairman Henderson called the meeting to order at 7:00 p.m.

Present: Chairman Keith Henderson; Supervisors Steve Kohlmann, John Charlier, John Schatzman and Ryan Stanelle.

A quorum was met (5-0).

Staff Present: Fire Chief John Schilling, Department of Public Works Superintendent Scott Hartung and Deputy Clerk Emily Howells.

2. Meeting Notices.

Howells confirmed the meeting notices were posted as required by law.

3. Approval of Agenda.

Motion by Schatzman to adopt the agenda as presented; seconded by Stanelle.

Motion prevailed by a voice vote (5-0).

4. Approval of Minutes:

a. August 5, 2025 meeting of the TB, UD1, SD4.

Motion by Stanelle to approve the minutes as presented; seconded by Charlier.

Motion prevailed by a voice vote (4-0-1). Chairman Henderson voted present.

5. Citizen Comments: Three-minute limit.

a. Resident Bill Genteman stated he would like to make a special meeting request to discuss the road drainage improvements on Weyer Rd.

6. Old Business: None.

7. New Business:

a. Discover Brookfield Quarterly Update.

Carol and Angie presented the quarterly update for Discover Brookfield.

b. Discussion and possible action regarding the 2026-2028 Catalis Assessor contract.

Motion by Kohlmann to approve the 2026-2028 Catalis Assessor contract as presented; seconded by Charlier.

Motion prevailed by a voice vote (5-0).

c. Discussion and possible action regarding the 2026-2027 Waukesha County tax billing contract.

Motion by Kohlmann to approve the 2026-2027 Waukesha County tax billing contract with changes subject to staff approval; seconded by Charlier.

Motion prevailed by a voice vote (5-0).

- d. Discussion and possible action regarding Payment Application No. 1 for Weyer Road Drainage Improvements.

Motion by Charlier to approve the Payment Application No. 1 for Weyer Road Drainage Improvements as presented; seconded by Schatzman.

Motion prevailed by a voice vote (5-0).

8. Departments, Boards, Committee/Commission Reports/Recommendations: None.

9. Approval of Vouchers and Checks.

Motion by Charlier to approve vouchers and checks in the amount of \$290,408.33; seconded by Kohlmann.

Motion prevailed by a voice vote (5-0).

10. Communication and Announcements.

- a. Chief Schilling provided a flood update.  
b. Kohlmann stated the road improvements in Brook Park did what it was meant to do in response to the flooding.  
c. Schatzman stated he was impressed with how well even the lowest spots in town held up.  
d. Charlier and Kohlmann both indicated that their rain gages registered 6 inches of rain.

11. Adjourn.

Motion by Kohlmann to adjourn at 7:34 p.m.; seconded by Charlier.

Motion prevailed by a voice vote (5-0).

Respectfully submitted by,

Emily Howells, Deputy Clerk

Alcohol Beverage License  
Application

For Municipal Use Only	
Municipality	T. Brookfield
License Period	2526

License(s) Requested: (up to two boxes may be checked)

- ☐ Class "A" Beer ..... \$ \_\_\_\_\_ ☒ Class "B" Beer ..... \$ \_\_\_\_\_
- ☐ "Class A" Liquor ..... \$ \_\_\_\_\_ ☒ "Class B" Liquor ..... \$ \_\_\_\_\_
- ☐ "Class A" Liquor (cider only) \$ \_\_\_\_\_ ☐ Reserve "Class B" Liquor \$ \_\_\_\_\_
- ☐ "Class C" Liquor (wine only) \$ \_\_\_\_\_

Fees	
License Fees	\$
Background Check Fee	\$
Publication Fee	\$
<b>Total Fees</b>	\$

## Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) Bombshell Theatre Company			
2. Business Trade Name or DBA			
3. FEIN 86-1405425		4. Wisconsin Seller's Permit Number 456-1031109417-03	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Nonprofit Organization			
6. State of Organization WI		7. Date of Organization 01/12/2025	
8. Wisconsin DFI Registration Number B100727			
9. Premises Address 19700 W Bluemound Rd, Suite 6			
10. City Brookfield		11. State WI	12. Zip Code 53045
13. County Waukesha		14. Governing Municipality: <input type="checkbox"/> City <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village of: Brookfield	
15. Aldermanic District			
16. Premises Phone (414) 622-0234		17. Premises Email info@bombshelltheatre.org	
18. Website www.bombshelltheatre.org			
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.  Performance Theatre Lobby concession bar with attached storage room. Alcohol to be stored in locked cabinets. Alcohol may be served at bar top, in lobby, or theatre seating area during performances and intermissions. Records stored in storage office.			
20. Mailing Address (if different from premises address) 6817 W Bluemound Rd			
21. City Wauwatosa		22. State WI	23. Zip Code 53213

## Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list the details of violation below. Attach additional sheets if necessary.		
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No



2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No beverages. If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.			
3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, provide the name of the restricted investor and describe the nature of the interest.			
4. Is the applicant business owned by another business entity? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.			
4a. Name of Business Entity		4b. Business Entity FEIN	
5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. . . . . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>Part C: Individual Information</b>			
List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.  Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.			
Last Name	First Name	Title	Phone
Albrechtson	Tim	President	
Welch	Eric	Vice President	
<b>Part D: Attestation</b>			
One of the following must sign and attest to this application: • sole proprietor      • one general partner of a partnership      • one corporate officer      • one member of an LLC			
<b>READ CAREFULLY BEFORE SIGNING:</b> Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.			
Last Name		First Name	M.I.
Albrechtson		Tim	J
Title	Email		Phone
President	info@bombshelltheatre.org		
Signature		Date	
<i>Tim Albrechtson</i>		08/12/25	
<b>Part E: For Clerk Use Only</b>			
Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
8.13.25			
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Alcohol Beverage  
Appointment of Agent

Date

8-12-25

## Agent Type (check one)

- ☒
- Original (no fee)
- ☐
- Successor (\$10 fee for municipal licensees only)

## Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)

Bombshell Theatre Company

2. Business Trade Name or DBA

Bombshell Theatre Co.

3. Entity Type (check one)

- ☐
- Limited Liability Company
- ☐
- Corporation
- ☒
- Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one)

- ☒
- Municipal Retail License
- ☐
- State Permit

5. If successor agent, provide State Permit or Municipal Retail License Number

6. Describe the reason for appointing a successor agent, if successor is checked above.

## Part B: Agent Information

1. Last Name

Albrechtson

2. First Name

Timothy

3. M.I.

J

4. Email

tim.albrechtson@bombshelltheatre.org

5. Phone

6. Home Address

7. City

8. State

WI

9. Zip Code

10. Age

11. Drivers License/State ID Number

12. Drivers License/State ID State of Issuance

WI


## Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? ..... ☒ Yes ☐ No  
Submit proof of completion.
2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire*? ..... ☒ Yes ☐ No  
Submit a completed Form AB-100 with this form.
3. Have you been a Wisconsin resident for at least 90 continuous days? ..... ☒ Yes ☐ No  
See instructions for exceptions.

Continued →


**Part D: Business Attestation**

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name Welch		First Name Eric		M.I. R
Title Vice President	Email eric.welch@bombshelltheatre.org		Phone [REDACTED]	
Signature 			Date 8/12/25	

**Part E: Agent Attestation**

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name Albrechtson		First Name Timothy		M.I. J
Signature 			Date 08/12/2025	



Alcohol Beverage  
Individual QuestionnaireDate  
8-12-25

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all officers, directors, and agent of a corporation or nonprofit organization
- all partners of a partnership
- members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

**Part A: Business Information**

1. Legal Business Name (individual name if sole proprietor)

Bombshell Theatre Company

2. Business Trade Name or DBA

Bombshell Theatre Co.

3. Entity Type (check one)

☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☐ Corporation ☒ Nonprofit Organization**Part B: Individual Information**

1. Last Name

Albrechtson

2. First Name

Timothy

3. M.I.

J

4. Relationship to Business (Title)

President

5. Email

info@bombshelltheatre.org

6. Phone

7. Home Address

8. City

9. State

WI

10. Zip Code

11. Date of Birth

12. Drivers License/State ID Number

13. Drivers License/State ID State of Issuance

WI

**Part C: Address History**1. Do you currently reside in Wisconsin? ☒ Yes ☐ No

If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application? . . . .

Years

Months

2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

Previous Address 1

City

State

Zip Code

Previous Address 2

City

State

Zip Code

Previous Address 3

City

State

Zip Code

Previous Address 4

City

State

Zip Code

Previous Address 5

City

State

Zip Code

3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.

State

County

State

County

State

County

State

County

WI

Milwaukee

Waukesha

WI

State

County

State

County

State

County

State

County

Continued →



**Part D: Criminal History**

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? . . . . . ☐ Yes ☒ No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? . . . . . ☐ Yes ☒ No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

**Part E: Attestation**

**READ CAREFULLY BEFORE SIGNING:** Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature



Date

08/12/2025



State of Wisconsin • DEPARTMENT OF REVENUE

Personal Wallet Copy Letter ID: L0779854512

**Statewide Operator's Permit**

Operator's Permit ID: 350-1026823983-03

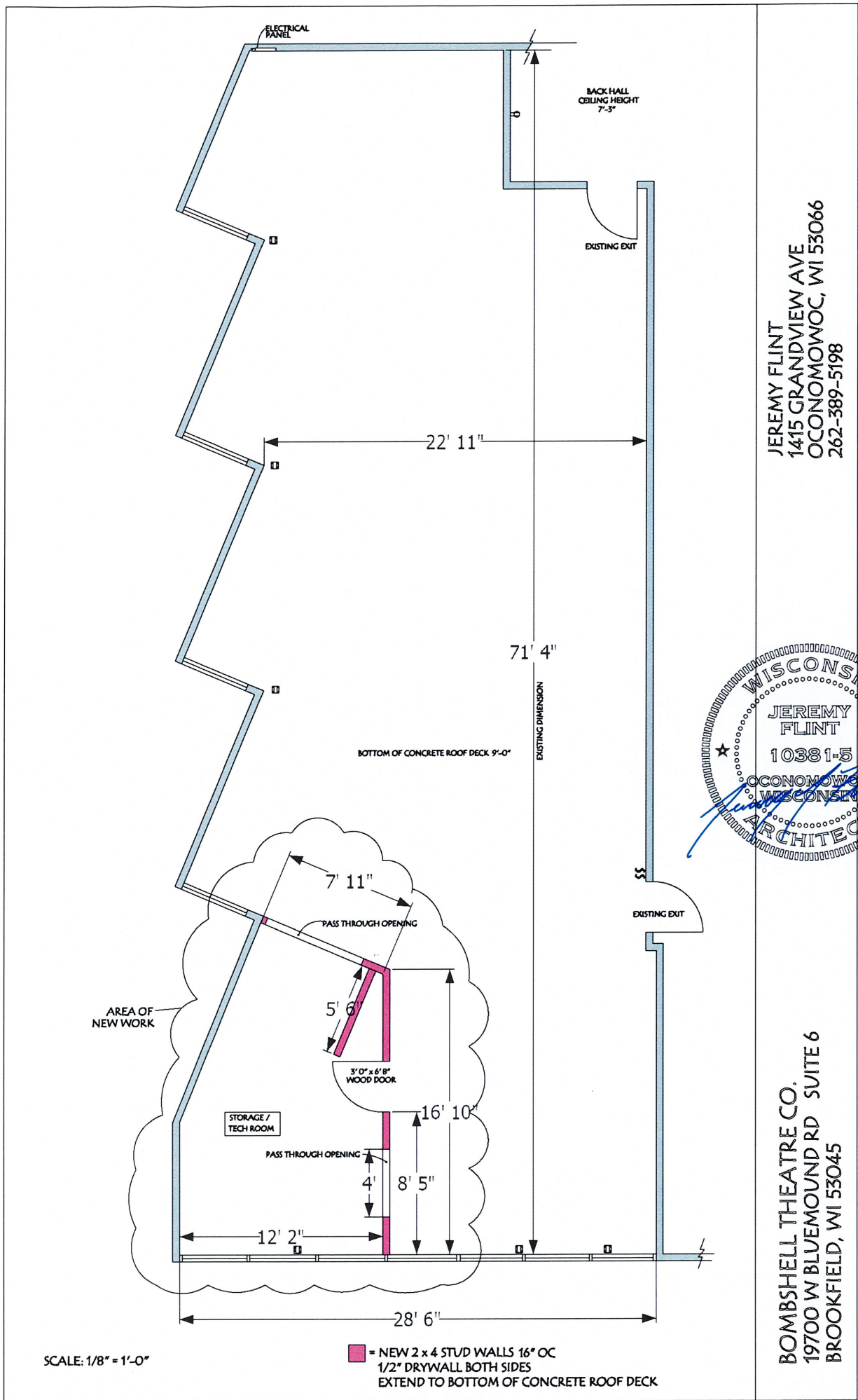
Issue Date: 21-May-2025

Expiration Date: 31-May-2027

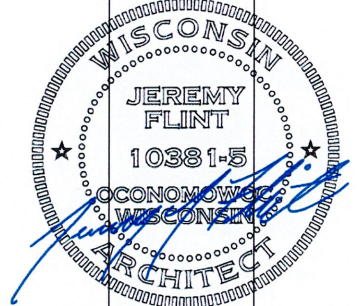
First Name: TIMOTHY

Last Name: ALBRECHTSON

Letter ID L0779854512



JEREMY FLINT  
1415 GRANDVIEW AVE  
OCONOMOWOC, WI 53066  
262-389-5198



BOMBSHELL THEATRE CO.  
19700 W BLUEMOUND RD SUITE 6  
BROOKFIELD, WI 53045

**From:** Tim Albrechtson <tim.albrechtson@bombshelltheatre.org>  
**Sent:** Tuesday, August 12, 2025 11:59 AM  
**To:** Emily Howells  
**Subject:** Tim Albrechtson - Alcohol Training Certificate



# Certificate Of Completion

## Responsible Vendor Training Program

This certificate represents the successful completion of an approved Wisconsin Department of Revenue Responsible Beverage Server Course in compliance with secs. 125.04(5)(a)5., 125.17(6), and 134.66(2m), Wis.

Name : Timothy Albrechtson

  
Steven A. Dean, CEO  
www.sellerserverclasses.com

This online responsible alcohol vendor training & assessment program is provided by Seller Server Classes.

Having successfully completed the program, the student will be provided with this course completion certificate for their own records.

Name : Timothy Albrechtson

Course Name : Seller Server Course

Date Completed : 5/17/2025

Expiration Date : 5/17/2027

Certificate Number : 186483

Provider : EduClasses.org



Tim Albrechtson  
Producing Director, Board President  
Bombshell Theatre Company  
262-501-1426; [bombshelltheatre.org](http://bombshelltheatre.org)





Form  
AB-100Alcohol Beverage  
Individual Questionnaire

Date 7/15/2025

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all officers, directors, and agent of a corporation or nonprofit organization
- all partners of a partnership
- members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

## Part A: Business Information

1. Legal Business Name (Individual name if sole proprietor) Walgreen Co.	
2. Business Trade Name or DBA Walgreens #03615	
3. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	

## Part B: Individual Information

1. Last Name NORTHARD		2. First Name MICHELLE		3. M.I. M
4. Relationship to Business (Title) STORE MANAGER		5. Email [REDACTED]		
7. Home Address [REDACTED]				
8. City Brookfield	9. State WI	10. Zip Code 53045	[REDACTED]	
12. [REDACTED]		13. Drivers License/State ID State of Issuance WI		

## Part C: Address History

1. Do you currently reside in Wisconsin? ..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application? ....				Years 30
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.				
[REDACTED]		City Brookfield	State WI	Zip Code 53045
[REDACTED]		City Brookfield	State WI	Zip Code 53045
Previous Address 3		City	State	Zip Code
Previous Address 4		City	State	Zip Code
Previous Address 5		City	State	Zip Code
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.				
State	County	State	County	State
State	County	State	County	State

Continued →

**Part D: Criminal History**

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? . . . . . ☐ Yes ☒ No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? . . . . . ☐ Yes ☒ No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

**Part E: Attestation**

**READ CAREFULLY BEFORE SIGNING:** Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature



Date

7/15/2025

18000593

Form

AB-101

Alcohol Beverage  
Appointment of Agent

Date

7/15/2025

## Agent Type (check one)

☐ Original (no fee)☒ Successor (\$10 fee for municipal licensees only)

## Part A: Business Information

1. Legal Business Name (Individual name if sole proprietor)

Walgreen Co.

2. Business Trade Name or DBA

Walgreens #03615

3. Entity Type (check one)

☐ Limited Liability Company☒ Corporation☐ Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one)

☐ Municipal Retail License☐ State Permit

5. If successor agent, provide State Permit or Municipal Retail License Number

21-005

6. Describe the reason for appointing a successor agent, if successor is checked above.

New manager as old manager has been transferred to another location.

## Part B: Agent Information

1. Last Name

NORTHARD

2. First Name

MICHELLE

3. M.I.

M

4. Email

5. Phone

6. Home Address

7. City

Brookfield

8. State

WI

9. Zip Code

53045

10. Age

41

11. Drivers License/State ID Number

12. Drivers License/State ID State of Issuance

WI

## Part C: Agent Questions

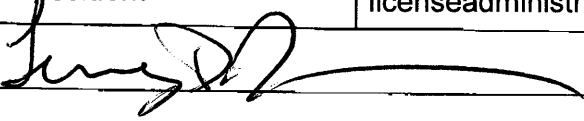
1. Have you satisfied the responsible beverage server training requirement? ..... ☒ Yes ☐ No  
Submit proof of completion.2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire? ..... ☒ Yes ☐ No  
Submit a completed Form AB-100 with this form.3. Have you been a Wisconsin resident for at least 90 continuous days? ..... ☒ Yes ☐ No  
See instructions for exceptions.

Continued →

#63615

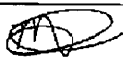
**Part D: Business Attestation**

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name <b>Brown</b>		First Name <b>Tracey</b>	M.I.
Title <b>President</b>	Email <b>licenseadministration@walgreens.com</b>		Phone <b>847-3158929</b>
Signature 		Date	

**Part E: Agent Attestation**

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name <b>NORTHARD</b>		First Name <b>MICHELLE</b>	M.I. <b>M</b>
Signature 		Date <b>7/15/2025</b>	



**SERVER** diversys.com

# Wisconsin Responsible Beverage Seller/Server Training

## MICHELLE NORTHARD

has met all training requirements and successfully completed the above course and/or exam.

Certification Number: SL183687

Date of Completion: 04/16/2024



Authorized Signature

This certificate represents the successful completion of an approved Wisconsin Department of Revenue Responsible Beverage Server Course in compliance with secs. 125.04(5)(a)5., 125.17(6), and 134.66(2m), Wis. Stats. Present this certificate to your local municipal clerk's office to receive your Operator's or Retail license.

Diversys Learning, Inc.  
1101 Arrow Point Drive, Suite 302  
Cedar Park, TX 78613