


Licensee: WALGREEN CO

DBA: WALGREENS #16476

License #: 20170004001

13 August 2018 Sent to CAO for adverse JNV.
7/17/18 tobacco youth compliance fail JNV
5/4/2018 tobacco flavor / price inspection Pass JNV

 License Query

Address Licensee Contact License Cardholder

Licensee Name: WALGREEN CO
 DBA: WALGREENS #16476
 Sales Tax Id:

-
-
-
-
-



SEARCH WINDOW

<input type="button" value="New Group..."/>	<input type="button" value="New Temp Grp..."/>	<input type="button" value="Copy Group..."/>	<input type="button" value="Add License..."/>	<input type="button" value="Properties..."/>	
License #	Tag #	Licensee Name	DBA	License Type	Status
170004001	0	WALGREEN CO	WALGREENS #16476	Cigarette/Tobacco	Active
	26434	WALGREEN CO	WALGREENS #16476	Alarm Permit (New)	Active



Licensee: WALGREEN CO
 DBA: WALGREENS #16476

License | Licensee | Lic. Types | Insurance | Bond | Requirements

Property Licensee Unofficial

Street #: 398
 Street Name: WABASHA
 Street Type: ST Direction: N
 Unit Ind: Unit #:
 City: ST PAUL
 State: MN Zip: 55102
 Ward: 2 Browse
 Dist Council: 17

Project Facilitator: ZANGS, LAWRENCE (LARRY) ▼

Adverse Action Comments

License Group Comments:

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Licensee: WALGREEN CO Licensee Comments: ▼

DBA: WALGREENS #16476

Sales Tax Id: ***** Bus Phone: (847) 527-2334

License Type	Class	Effective	Expiration	Conditions	License Fee
Alarm Permit (New)	R	11/08/2017	11/08/2018	N	\$38.00
Cigarette/Tobacco	R	11/08/2017	11/08/2018	N	\$453.00
Total:					\$491.00

Licensee: WALGREEN CO
 DBA: WALGREENS #16476

Licensee Name:
 DBA:
 Sales Tax Id: Non-Profit: Worker's Comp:
 AA Contract Rec'd: AA Training Rec'd:
 AA Fee Collected: Discount Rec'd:

Other Agency Licenses				Financial Hold Reasons		
Other Licensing Agency Name / License Type	License #	Expiration	Reason	Active	Date	

Contacts for this Licensee

Addr. Type	Active	Inactive	Last Name	First Name	Title	Bus. Phone	Ho	Mail License To:
Business	10/06/2017	00/00/0000				(847) 527-2334		<input checked="" type="radio"/> Mail To Contact <input type="radio"/> License Address
Mail To	10/06/2017	00/00/0000				(847) 527-2334		<input checked="" type="radio"/> Mail To Contact <input type="radio"/> License Address
Other	10/06/2017	00/00/0000	GARVER	MICHELE	MANAGER	() - (612		Mail Invoice To: <input checked="" type="radio"/> Mail To Contact <input type="radio"/> License Address
Other	10/13/2017	00/00/0000	CENTRAL STATION		KEYHOLDER	(800) 695-9904 (847		<input checked="" type="radio"/> Mail To Contact <input type="radio"/> License Address

Background Check Required

Properties for Licensee Contact

Name Address Phone Email Groups

Street #:

Street Name:

Street Prg Direct:

Street Type:

Street Post Direct:

Unit #:

Unit Abbrev:

P.O. Box #:

City:

State:

Country:

Zip Code:

Zip+4:

Inter Office Address:

Browse

Override Formatted Address for Mailing

US Post Formatted Address:

Last Upload:

OK

Cancel

Help

Save Changes to History