

20185125-3

Form
AB-100

**Alcohol Beverage
Individual Questionnaire**

Date
03/31/2026

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

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

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

Part A: Business Information				
1. Legal Business Name (individual name if sole proprietor) Target Corporation				
2. Business Trade Name or DBA Target Store T-0152				
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 Hixson		2. First Name Jareshae		3. M.I.
4. Relationship to Business (Title) Store Director		5. Email Jareshae.Hixson@target.com		6. Phone (847) 951-5746
7. Home Address 13140 W Wakefield Dr				
8. City Beach Park		9. State IL	10. Zip Code 60083	11. Date of Birth
12. Driver's License/State ID Number H250-4328-4919			13. Driver's License/State ID State of Issuance IL	

Part C: Address History							
1. Do you currently live in Wisconsin?				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If yes, provide the month and year when you permanently moved to Wisconsin				(MM/YYYY)			
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
IL	Lake						
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
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Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Law/Ordinance Violated	Location	Conviction Date
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Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Law/Ordinance Violated	Location	Conviction Date
------------------------	----------	-----------------

Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
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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 03/31/2026
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Alcohol Beverage Appointment of Agent

Agent Type (check one)	
<input type="checkbox"/> Original (no fee)	<input type="checkbox"/> Successor (\$10 fee for municipal licensees only)

Part A: Business Information	
1. Legal Business Name (individual name if sole proprietor) Target Corporation	
2. Business Trade Name or DBA Target Store T-0152	
3. Entity Type (check one) <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	
4. Alcohol Beverage Business Authorization (check one) <input checked="" type="checkbox"/> Municipal Retail License <input type="checkbox"/> 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. New store director.	

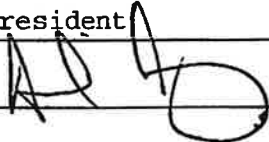
Part B: Agent Information			
1. Last Name Hixson	2. First Name Jareshae	3. M.I. L	
4. Email Jareshae.Hixson@target.com		5. Phone (847) 951-5746	
6. Home Address 13140 W. Wakefield Dr.			
7. City Beach Park	8. State IL	9. Zip Code 60083	10. Date of Birth
11. Driver's License/State ID Number H250-4328-4919		12. Driver's License/State ID State of Issuance IL	

Part C: Agent Questions	
1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you completed Form AB-100, <i>Alcohol Beverage Individual Questionnaire</i> (licensee) or Form AB-300, <i>Alcohol Beverage Personal Questionnaire</i> (permittee)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you been a Wisconsin resident for at least 90 continuous days?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
See instructions for exceptions.	

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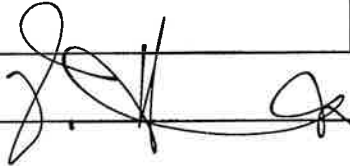
Part D: Business Attestation

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 Guiney		First Name Aileen	M.I. M
Title Vice President	Email liquor.licensing@target.com		Phone (612) 696-9530
Signature 		Date 04/02/2026	

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 Hixson		First Name Jareshae	M.I. L
Signature 		Date 03/31/2026	

Rserving[®]
PROFESSIONAL
Server Certification
CORPORATION



Responsible Serving of Food and Alcohol

Wisconsin Responsible Serving of Alcohol

This certificate confirms that

Jareshae Hixson

has successfully passed the Rserving Responsible Serving of Alcohol course of study.
This is a Wisconsin Department of Revenue approved Responsible Beverage Server Training
Course in compliance with Sec. 125.17 (6) and 125.04 (5) (a) 5. Wis. Stats.



Certificate #: PSCC10000824184
Award Date: 08-06-2025
Expiration Date: 08-05-2027

To verify this certificate, go to Rserving.com.

Robert Graham, President/CEO