

Applicant License Application (LE0002656)

Name of Applicant: <u>Iowa CVS Pharmacy, L.L.C.</u>		
Name of Business (DBA): <u>CVS/pharmacy #10452</u>		
Address of Premises: <u>2420 Lincoln Way, #104</u>		
City <u>Ames</u>	County: <u>Story</u>	Zip: <u>50014</u>
Business <u>(401) 765-1500</u>		
Mailing <u>One CVS drive</u>		
City <u>Woonsocket</u>	State <u>RI</u>	Zip: <u>02895</u>

Contact Person

Name <u>Cathy Tardie</u>	Phone: <u>(401) 770-3355</u>	Email <u>Cathy.Tardie@cvshealth.com</u>
---------------------------------	-------------------------------------	--

Classification Class E Liquor License (LE)
Term: 12 months
Effective Date: 10/27/2016
Expiration Date:
Privileges:
Class E Liquor License (LE)
Status of Business

BusinessType: <u>Limited Liability Company</u>
Corporate ID Number: <u>325279</u> Federal Employer ID <u>20-4281257</u>

Ownership
Thomas Moffatt

First Name: Thomas **Last Name:** Moffatt
City: Kingston **State:** Rhode Island **Zip:** 02881
Position: President
% of Ownership: 0.00% **U.S. Citizen:** Yes

Carol DeNale

First Name: Carol **Last Name:** DeNale
City: Watertown **State:** Massachusetts **Zip:** 02472
Position: Senior Vice
President/Treasurer
% of Ownership: 0.00% **U.S. Citizen:** Yes

Melanie Luker

First Name: Melanie **Last Name:** Luker
City: Cranston **State:** Rhode Island **Zip:** 02920
Position: Secretary
% of Ownership: 0.00% **U.S. Citizen:** Yes

Linda Cimbron

First Name: Linda **Last Name:** Cimbron
City: Warren **State:** Rhode Island **Zip:** 02885
Position: Assistant Secretary
% of Ownership: 0.00% **U.S. Citizen:** **Yes**

Jeffrey Clark

First Name: Jeffrey **Last Name:** Clark
City: Hingham **State:** Massachusetts **Zip:** 02043
Position: Assistant Treasurer
% of Ownership: 0.00% **U.S. Citizen:** **Yes**

Kimberley DeSousa

First Name: Kimberley **Last Name:** DeSousa
City: Cumberland **State:** Rhode Island **Zip:** 02864
Position: Assistant Secretary
% of Ownership: 0.00% **U.S. Citizen:** **Yes**

Sheelagh Beaulieu

First Name: Sheelagh **Last Name:** Beaulieu
City: Fairhaven **State:** Massachusetts **Zip:** 02719
Position: Assistant Treasurer
% of Ownership: 0.00% **U.S. Citizen:** **Yes**

Insurance Company Information

Insurance Company: <u>Liberty Mutual Insurance Company</u>	
Policy Effective Date: <u>07/29/2015</u>	Policy Expiration <u>01/01/1900</u>
Bond Effective <u>2</u>	Dram Cancel Date:
Outdoor Service Effective	Outdoor Service Expiration
Temp Transfer Effective	Temp Transfer Expiration Date: