

<b>Name of Applicant:</b> <u>Blazin Wings, Inc.</u>		
<b>Name of Business (DBA):</b> <u>Buffalo Wild Wings</u>		
<b>Address of Premises:</b> <u>400 South Duff Avenue</u>		
<b>City</b> <u>Ames</u>	<b>County:</b> <u>Story</u>	<b>Zip:</b> <u>50010</u>
<b>Business</b> <u>(515) 232-9464</u>		
<b>Mailing</b> <u>Attn: Licensing</u>		
<b>City</b> <u>Minneapolis</u>	<b>State</b> <u>MN</u>	<b>Zip:</b> <u>55416</u>

**Contact Person**

<b>Name</b> <u>Licensing Department</u>	
<b>Phone:</b> <u>(952) 593-9943</u>	<b>Email</b> <u>Licensing@buffalowildwings.com</u>

**Classification** Class C Liquor License (LC) (Commercial)

**Term:**12 months

**Effective Date:** 03/07/2018

**Expiration Date:**

**Privileges:**

Class C Liquor License (LC) (Commercial)

**Status of Business**

<b>BusinessType:</b> <u>Publicly Traded Corporation</u>	
<b>Corporate ID Number:</b> <u>246194</u>	<b>Federal Employer ID</b> <u>411957107</u>

**Ownership**

**Sally Jeanne Wold**

<b>First Name:</b> <u>Sally Jeanne</u>	<b>Last Name:</b> <u>Wold</u>	
<b>City:</b> <u>Edina</u>	<b>State:</b> <u>Minnesota</u>	<b>Zip:</b> <u>55439</u>
<b>Position:</b> <u>President</u>		
<b>% of Ownership:</b> <u>0.00%</u>	<b>U.S. Citizen:</b> <u>Yes</u>	

**James Schmidt**

<b>First Name:</b> <u>James</u>	<b>Last Name:</b> <u>Schmidt</u>	
<b>City:</b> <u>Plymouth</u>	<b>State:</b> <u>Minnesota</u>	<b>Zip:</b> <u>55447</u>
<b>Position:</b> <u>Vice President</u>		
<b>% of Ownership:</b> <u>0.00%</u>	<b>U.S. Citizen:</b> <u>Yes</u>	

**Buffalo Wild Wings, Inc.**

<b>First Name:</b> <u>Buffalo Wild Wings,</u>	<b>Last Name:</b> <u>Inc.</u>	
<b>City:</b> <u>Minneapolis</u>	<b>State:</b> <u>Minnesota</u>	<b>Zip:</b> <u>55416</u>
<b>Position:</b> <u>Parent Company</u>		
<b>% of Ownership:</b> <u>100.00%</u>	<b>U.S. Citizen:</b> <u>Yes</u>	

**Emily Decker**

**First Name:** Emily

**Last Name:** Decker

**City:** Wayzata

**State:** Minnesota

**Zip:** 55391

**Position:** Vice President/Gen  
Counsel

**% of Ownership:** 0.00%

**U.S. Citizen:** Yes

**Insurance Company Information**

**Insurance Company:** Hartford Fire Insurance Company

**Policy Effective Date:** 03/07/2017

**Policy Expiration** 03/07/2018

**Bond Effective**

**Dram Cancel Date:**

**Outdoor Service Effective**

**Outdoor Service Expiration**

**Temp Transfer Effective**

**Temp Transfer Expiration Date:**