Name of Applicant: Blazin Wings, Inc.

Name of Business (DBA): Buffalo Wild Wings Address of Premises: 400 South Duff Avenue

City Ames County: Story **Zip:** 50010

)

**Business** (515) 232-9464 Mailing Attn: Licensing

City Minneapolis State MN **Zip:** 55416

## **Contact Person**

Applicant

Name Licensing Department

Licensing@buffalowildwings.com **Email** Phone: (952) 593-9943

Classification Class C Liquor License (LC) (Commercial)

Term: 12 months

**Effective Date:** 03/07/2019

**Expiration Date:** 

Privileges:

Class C Liquor License (LC) (Commercial)

## **Status of Business**

**BusinessType: Publicly Traded Corporation** 

XXXXXXXX Federal Employer ID XXXXXXXXX **Corporate ID Number:** 

## Ownership

Sally Jeanne Wold

First Name: Sally Jeanne **Last Name:** Wold

City: **Edina** State: **Zip**: <u>55439</u> <u>Minnesota</u>

Position: **President** 

% of Ownership: <u>0.00%</u> U.S. Citizen: Yes

**Buffalo Wild Wings, Inc.** 

First Name: Buffalo Wild Wings, **Last Name:** Inc.

State: City: <u>Minneapolis</u> <u>Minnesota</u> **Zip:** <u>55416</u>

Position: Parent Company

% of Ownership: <u>100.00%</u> U.S. Citizen: Yes

**Emily Decker** 

First Name: **Emily** Last Name: **Decker** 

City: State: **Zip:** 55391 <u>Wayzata</u> <u>Minnesota</u>

Position: Vice President/Gen

% of Ownership: 0.00% U.S. Citizen: Yes **Alexander Ware** 

First Name: Alexander Last Name: Ware

City: <u>Edina</u> State: <u>Minnesota</u> Zip: <u>55424</u>

Position: CFO

% of Ownership: <u>0.00%</u> U.S. Citizen: No

## **Insurance Company Information**

Insurance Company: Hartford Fire Insurance Company

Policy Effective Date: 03/07/2018 Policy Expiration 03/07/2019

Bond Effective Dram Cancel Date:

Outdoor Service Effective Outdoor Service Expiration

Temp Transfer Effective Temp Transfer Expiration Date: