

6-30-26

RACINE CITY OF (TAX-WI)  
*City clerk*, 730 WASHINGTON AVE  
RACINE, WI 53403

10764

Form  
**CTV-100**

**Cigarette, Tobacco, and Electronic Vaping  
Device Retail License Application**

FOR CLERKS ONLY	
Municipality	
License Period	7/1/25-6/30/26

<b>Part A: Premises/Business Information</b>		Permit FEE: 100 ✓
1. Legal Business Name (individual name if sole proprietor) Dolgencorp, LLC		BGC FEE: \$45
2. Business Trade Name or DBA Dollar General Store # 10764		Ad FEE: \$50.00
3. FEIN 61-0852764	4. Wisconsin Seller's Permit Number 456-0000208845-05	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation		
6. State of Organization KY	7. Date of Organization 09/09/2000	8. Wisconsin DFI Registration Number <i>D0043567 Per email</i>
9. Premises Address (do not use PO Box) 4901 WASHINGTON AVE		
10. City RACINE	11. State WI	12. Zip Code 53406-4241
13. County RACINE	14. Governing Municipality: <input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: RACINE CITY OF	15. Aldermanic District
16. Mailing Address (if different from premises address) Attn: Tax Licensing, 100 Mission Ridge		
17. City Goodlettsville	18. State TN	19. Zip Code 37072
20. Premises Phone (615) 855-4000	21. Premises Email TAX-BEERANDWINELICENSE@DOLLARGENERAL.COM	22. Website
23. Premises Description - Describe the building or buildings where cigarettes, tobacco products, and electronic vaping devices are to be sold and stored. Describe all rooms including living quarters, if used, for the sales and/or storage of cigarettes, tobacco products, and electronic vaping devices and records. Cigarettes, tobacco products, and electronic vaping devices may be sold and stored ONLY on the premises described in this application. Attach a floor plan if possible Sq footage 10681 consisting of sales floor and stock room  Vendor #215084 <i>BL</i> ✓ Invoice #202610764TOBCITY15 ✓ Batch #29931    \$100.00 ✓		

<b>Part B: Questions</b>	
1. What products will be sold at this business location? (check all that apply) <input checked="" type="checkbox"/> Cigarettes <input checked="" type="checkbox"/> Tobacco Products <input type="checkbox"/> Electronic Vaping Devices	
2. How will cigarettes, tobacco, and/or electronic vaping devices be sold? (check all that apply) <input checked="" type="checkbox"/> Over the counter <input type="checkbox"/> Vending machine	
3. Is the applicant business owned by another business entity? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the name(s) and FEIN(s) of the business entity(s) below. Attach additional sheets if necessary	
3a. Name of Business Entity: <u>Dollar General Corporation</u>	
3b. FEIN of Business Entity: <u>61-0502302</u>	

Vendor #215084 *BL*  
Invoice #202610764TOBBGC17  
Batch #29931    \$45.00

Vendor #215084 *BL*  
Invoice #202610764BWNEWS17  
Batch #29931    \$50.00

**SEPERATE CHECK  
PLEASE RETURN CHECK TO:  
ABBY BATEY**

**Part C: Individual Information**

List the name, title, and phone number for each person or entity holding the following titles or positions in the applicant business and any businesses listed in Part B, Question 3: sole proprietor; all officers, directors, and agents of a corporation; all partners of a partnership; and all members and agents of a limited liability company. Attach additional sheets if necessary.

Include Form CTV-101, *Individual Questionnaire*, for each person listed below.

Last Name	First Name	Title	Phone
Brining	Zachary	SVP-Store Ops	(615) 855-4000
Taylor	Emily	EVP-Merch (CMO)	(615) 855-4000
Van Bendegom	Kelli	District Manager	(615) 855-4000

**Part D: Attestation**

One of the following must sign and attest to this application:

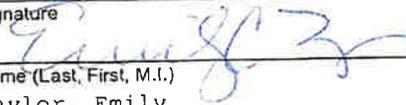
- sole proprietor
- one general partner of a partnership
- one corporate officer
- one managing member of an LLC

**READ CAREFULLY BEFORE SIGNING:**

I understand and agree to the following:

- I will only purchase cigarettes, tobacco, and vapor products from distributors, jobbers, or subjobbers permitted by the Wisconsin Department of Revenue, unless I also hold the proper distributor's permit and pay all applicable excise taxes.
- I will not purchase or exchange products from another retailer, including transferring existing stock to a new owner.
- I will provide tobacco sales training that has been approved by the Wisconsin Department of Health Services to my employees. (<https://witobaccocheck.org>).
- I will not sell single cigarettes.
- I will not sell, give, or otherwise provide cigarettes, tobacco, or any nicotine products to minors.
- I will keep product invoices on the licensed premises for two years and ensure the records are available for inspection by law enforcement. Failure to comply with this will result in criminal penalties, including loss of inventory.
- I will not sell cigarettes or roll-your-own (RYO) tobacco products unless listed on the Wisconsin Department of Justice's directory of certified tobacco manufacturers and brands.

Further, under penalty provided by law, I state that this application has been truthfully answered to the best of my knowledge. I agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another. Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. 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 4-10-25
Name (Last, First, M.I.) Taylor, Emily	
Title EVP-Merch (CMO)	Email TAX-BEERANDWINLICENSE@DOLLARGENERAL.COM
	Phone (615) 855-4000

**Part E: For Clerk Use Only**

Date application was filed with clerk	Date license issued	Date license expires	License number
License fees	Signature of Clerk/Deputy Clerk		

Date **4/24/25**

Form  
**CTV-101**

**Cigarette, Tobacco, and Electronic  
Vaping Device - Individual Questionnaire**

<b>Part A: Business Information</b>			
1. Legal Business Name (individual name if sole proprietor) Dolgencorp, LLC			
2. Business Trade Name or DBA Dollar General Store #		10764	
3. Entity Type (check one)			
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Corporation

<b>Part B: Individual Information</b>					
1. Name (Last) Taylor		2. Name (First) Emily		3. Name (M.I.) C	
4. Relationship to Business (Title) EVP-Merch (CMO)		5. Email TAX-BEERANDWINELICENSE@DOLLARGENERAL.COM		6. Phone (615) 855-4000	
7. Home Address 1805 OTTER CREEK RD					
8. City NASHVILLE		9. State TN	10. Zip Code 37215		11. Date of Birth
12. Drivers License/State ID Number			13. Drivers License/State ID State of Issuance TN		

<b>Part C: Individual's Address History</b>							
List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.							
Previous Address 1 SAME ADDRESS FOR 5+ YEARS		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	
Previous Address 6		City		State		Zip Code	
If applicable, list all states and counties you have lived in as an adult. Attach additional sheets if necessary.							
State TN	County DAVIDSON	State	County	State	County	State	County
State	County	State	County	State	County	State	County

Continued →

**Part D: Individual's Criminal History**

1. Have you ever been convicted of any offenses (other than traffic offenses) 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:

Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses currently pending against you (other than traffic offenses) 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 by Individual**

**READ CAREFULLY BEFORE SIGNING:** 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 an application for cigarette, electronic vaping devices, and tobacco products retail license may be required to forfeit not more than \$1,000 if convicted. I declare under penalties of the law that I have examined this information and, to the best of my knowledge, it is true, correct, and complete to the best of my knowledge and belief.

Signature 	Date
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**Part F: Licensing Authority Approval**

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, this individual does not have a criminal record that would disqualify them from having an interest in a cigarette, tobacco product, or electronic vaping device retailer license according to sec. 134.65(1m), Wis. Stats.

Name of Local Official	Title
Signature of Local Official	Date

Cigarette, Tobacco, and Electronic Vaping Device - Individual Questionnaire

**Part A: Business Information**

1. Legal Business Name (individual name if sole proprietor)  
Dolgencorp, LLC

2. Business Trade Name or DBA  
Dollar General Store # 10764

3. Entity Type (check one)  
 Sole Proprietor   
 Partnership   
 Limited Liability Company   
 Corporation

**Part B: Individual Information**

1. Name (Last) BRINING	2. Name (First) ZACHARY	3. Name (M.I.) J
4. Relationship to Business (Title) SVP-Store Ops	5. Email TAX-BEERANDWINELICENSE@DOLLARGENERAL.COM	6. Phone (615) 855-4000
7. Home Address 1019 MORCHELLA PRIVATE WAY		
8. City HENDERSONVILLE	9. State TN	10. Zip Code 37075
11. Date of Birth		12. Drivers License/State ID Number
13. Drivers License/State ID State of Issuance TN		

**Part C: Individual's Address History**

List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

Previous Address 1 1017 MONTROSE DR	City GALLATIN	State TN	Zip Code 37066
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
Previous Address 6	City	State	Zip Code

If applicable, list all states and counties you have lived in as an adult. Attach additional sheets if necessary.

State IL	County KANE	State TN	County SUMNER	State MN	County HENNEPIN	State MN	County RAMSEY
State IL	County CHAMPAIGN	State	County	State	County	State	County

Continued →

**Part D: Individual's Criminal History**

1. Have you ever been convicted of any offenses (other than traffic offenses) 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:

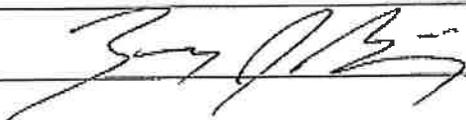
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses currently pending against you (other than traffic offenses) 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 by Individual**

**READ CAREFULLY BEFORE SIGNING:** 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 an application for cigarette, electronic vaping devices, and tobacco products retail license may be required to forfeit not more than \$1,000 if convicted. I declare under penalties of the law that I have examined this information and, to the best of my knowledge, it is true, correct, and complete to the best of my knowledge and belief.

Signature		Date
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**Part F: Licensing Authority Approval**

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, this individual does not have a criminal record that would disqualify them from having an interest in a cigarette, tobacco product, or electronic vaping device retailer license according to sec. 134.65(1m), Wis. Stats.

Name of Local Official	Title
Signature of Local Official	Date

2109

Date 3-12-25

Form CTV-101

Cigarette, Tobacco, and Electronic Vaping Device License - Individual Questionnaire

201831036-9

V-215084

**Part A: Business Information**

1. Legal Business Name (individual name if sole proprietor)  
DOLGENCORP, LLC

2. Business Trade Name or DBA  
DOLLAR GENERAL STORE # 10764

3. Entity Type (check one)  
 Sole Proprietor   
 Partnership   
 Limited Liability Company   
 Corporation

**Part B: Individual Information**

1. Name (Last) Van Bendegom    2. Name (First) Kellei    3. Name (M.I.) A

4. Relationship to Business (Title) Employee    5. Email kvambend@general.com    6. Phone 715-558-4647

7. Home Address W204S10360 Cindy Ct.

8. City Muskego    9. State WI    10. Zip Code 53150    11. Date of Birth

12. Drivers License/State ID Number 1    13. Drivers License/State ID State of Issuance Wisconsin

**Part C: Individual's Address History**

List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

Previous Address	City	State	Zip Code
7817 Trilium Tr.	Wind Lake	WI	53185
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
Previous Address 6	City	State	Zip Code

If applicable, 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
WI	Racine	WI	Kenosha	WI	Waukesha	WI	Eau Claire
WA	King	WA	Clark				

Continued ->

**Part D: Individual's Criminal History**

1. Have you ever been convicted of any offenses (other than traffic offenses) 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:

Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No	
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No	
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Are charges for any offenses currently pending against you (other than traffic offenses) 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 by Individual**

READ CAREFULLY BEFORE SIGNING: 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 an application for cigarette, electronic vaping devices, and tobacco products retail license may be required to forfeit not more than \$1,000 if convicted. I declare under penalties of the law that I have examined this information and, to the best of my knowledge, it is true, correct, and complete to the best of my knowledge and belief.

Signature <i>Cecil Chau Bendegon</i>	Date <i>3-12-25</i>
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**Part F: Licensing Authority Approval**

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, this individual qualifies to serve in the reported role with the above-named business.

Name of Local Official	Title
Signature of Local Official	Date

cust # 8974

Form CTV-102

Cigarette, Tobacco, and Electronic Vaping Device Appointment of Agent

Date 03-12-25

Agent Type (check one):  Original  Change

**Part A: Agent Information**

1. Last Name Van Bendegon	2. First Name Kellee	3. M.I. A
4. Email tax-beerandwinelicense@dollargeneral.com		5. Phone (615) 855-4000
6. Home Address W 204 S10360 Cindy Ct		
7. City Muskego	8. State WI	9. Zip Code 53150
10. Date of Birth	11. Drivers License/State ID Number	12. Drivers License/State ID State of Issuance Wisconsin

**Part B: Questions**

1. Have you completed Form CTV-101, Cigarette, Tobacco, and Electronic Vaping Device License - Individual Questionnaire? Submit a completed Form CTV-101 with this form.  Yes  No

2. If this is a change of agent, please describe the reason for the agent change. Attach additional sheets if necessary.  
CHANGE OF MANAGER

**Part C: Business Information**

1. Legal Business Name (individual name if sole proprietor)  
DOLGENCORP, LLC

2. Business Trade Name or DBA  
DOLLAR GENERAL STORE # 10764

3. Entity Type (check one)  
 Limited Liability Company  Corporation

4. Premises Address  
4901 Washington Ave

5. City  
Racine

6. State  
WI

7. Zip Code  
53406

**Part D: Attestations**

READ CAREFULLY BEFORE SIGNING: I, the Licensee, authorize the above-named individual to act for the above-named corporation or limited liability company with full authority and control of the premises and of all business relative to cigarettes, tobacco products, and/or electronic vaping devices conducted therein. I certify that I am authorized by the 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.

Signature of Licensee (officer, member, or authorized signatory)  
*Emily Taylor*

Date  
4/25/25

Name of Person Signing for Licensee  
Emily Taylor

Title  
CFO/LLC Manager

READ CAREFULLY BEFORE SIGNING: I, the Agent, hereby accept this appointment as agent for the above-named corporation or limited liability company and assume full responsibility for the conduct of all business relative to sales of cigarettes, tobacco products, and/or electronic vaping devices conducted 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 form, and that any person who knowingly provides materially false information on this form may be required to forfeit not more than \$1,000 if convicted.

Signature of Agent  
*Kellee Van Bendegon*

Date  
03-12-25