

19810

Cigarette, Tobacco, and Electronic Vaping Device Retail License Application

FOR CLERKS ONLY	
Municipality	
License Period	

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietor) <u>Sabah inc</u>			
2. Business Trade Name or DBA <u>Fast link</u>			
3. FEIN <u>41-2218437</u>		4. Wisconsin Seller's Permit Number <u>010 456-1031886668-02</u> <u>010 678199e4ad69a</u>	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation			
6. State of Organization <u>Louisiana</u>		7. Date of Organization <u>2001</u>	
8. Wisconsin DFI Registration Number <u>600-1031886668-03</u>			
9. Premises Address (do not use PO Box) <u>1405 Washington Ave</u>			
10. City <u>Racine</u>		11. State <u>WI</u>	
12. Zip Code <u>53403</u>		13. County <u>USA</u>	
14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: <u>Racine</u>		15. Aldermanic District <u>Malile Frazier</u>	
16. Mailing Address (if different from premises address) <u>same as above</u>			
17. City		18. State	
19. Zip Code		20. Premises Phone <u>225 400 4481</u>	
21. Premises Email <u>nelayana@gmail.com</u>		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. <u>The location is next to Liquor Depot. It is on Washington Ave. Racine WI 53403</u> <u>1405 Washington. the place of Business. I sale cloth</u> <u>Cell phone, Electronic, and will sale vapa</u>			

Part B: Questions

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 checked="" 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 checked="" 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>Fast link (Sabah inc)</u>	
3b. FEIN of Business Entity: <u>41-221837</u>	

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
Elayan	Dr. Naser	Owner	225 400 4481

Part D: Attestation

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

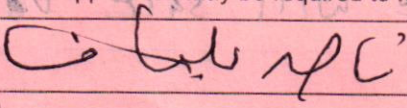
- sole proprietor • one general partner of a partnership • one corporate officer • one managing member of an LLC

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	6/12/2025
Name (Last, First, M.I.) Elayan, Naser			
Title	Owner	Email	nelayan@gmail.com
		Phone	225 400 4481

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		



SABAH INC
1405 WASHINGTON AVE
RACINE WI 53403-2254

Welcome, NASER
ELAYAN
You last logged in on Tuesday, Apr
29, 2025 5:52:12 PM
[Manage My Profile](#)

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Filter

**Business Tax
Registration**
1405 WASHINGTON AVE
RACINE WI 53403-2254
Filing Frequency: Biennial

600-1031886668-
03
Balance
\$0.00

[View Periods](#)

Sales and Use Tax
1405 WASHINGTON AVE
RACINE WI 53403-2254
Filing Frequency: Quarterly
Action Center Items

456-1031886668-
02
Balance
\$0.00

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