

G011-21 # 6123  
 B# 1797  
 Bill# 4109

# Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

MUNICIPAL USE ONLY

Applicant's Wisconsin 15-digit Sales Tax Account Number  
 456-1030462927-02

← This must be issued in the same Legal Name of the licensee below.

License Number
Period Covered
Date of Issuance

Legal Name (corporation, limited liability company, partnership or sole proprietorship) HSS TRADER LLC			Federal Employer Identification No. (FEIN)		
Trade or Business Name (if different than Legal Name)			Telephone Number ( )		
Business Address (License Location) 4301-WASHINGTON AVE			Business Located In <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town		
Municipality RACINE	State WI	Zip Code 53405	Business Telephone ( )		
Mailing Address (if different than Business Address)			County of: RACINE		
			Municipality		
			State		
			Zip Code		

Organization (check one)

- Sole Proprietor
- Partnership
- Other (describe) \_\_\_\_\_
- Wisconsin Corporation – Enter date incorporated: \_\_\_\_\_
- Out-of-State Corporation – Are you registered to do business in Wisconsin?  Yes  No

- Yes  No 1. Does the applicant understand that they must purchase cigarettes and tobacco products only from distributors, jobbers, or subjobbers, who hold a permit with the Wisconsin Department of Revenue?
- Yes  No 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-266-6701. See application form CTP-129, [revenue.wi.gov/dorforms/ctp-129.pdf](http://revenue.wi.gov/dorforms/ctp-129.pdf).)
- Yes  No 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
- Yes  No 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (<https://witobaccocheck.org>)
- Yes  No 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?
- Yes  No 6. Does the applicant understand that they may not sell single cigarettes?
- Yes  No 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
- Yes  No 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at [www.doj.state.wi.us/dls/tobacco-directory](http://www.doj.state.wi.us/dls/tobacco-directory) may be sold in Wisconsin?

Cigarettes / Tobacco will be sold  over counter  through vending machine  both

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees 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 permit 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.

*[Signature]*  
 (Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)

### Applicable Laws and Rules

This document provides statements or interpretations of the following laws and regulations in effect as of September 19, 2019: Sections 134.65, 134.66, 139.321, 139.79, 139.76, 995.10, and 995.12, Wis. Stats.

Fee \$100.00

C# 6123  
B# 1797  
BM# 4108

**APPLICATION FOR GASOLINE SERVICE STATION OWNER'S LICENSE - CITY OF RACINE, WI**

FEIN: 85-3040281  
WI Seller Permit: 456-1030462927-02

Owner is (Please specify):

\_\_\_\_ CORPORATION OR (LLC) PARTNERSHIP \_\_\_\_ INDIVIDUAL \_\_\_\_ OTHER \_\_\_\_

Name of Owner: ABUZAR SHEIKH Owner Date of Birth: 03-26-1968

Owner's Address: 718 W. GRANGE AVE # B MILWAUKEE WI 53221

hereby applies for an Owner's License to conduct and maintain a gasoline service station at:

\_\_\_\_\_, until June 30, 2021.

Trade Name: \_\_\_\_\_

1. The applicant is the owner of said proposed business, which contains 2 tanks with the following capacities:

18000-gal

2.\* Attach sketch showing the location of the premises and structures, pumps, pipes, hoses, conductors and drain pits; the location and use of all buildings on adjoining property; the location of all sidewalks abutting on the gasoline service station premises; and the dimensions of the said premises.

3. List in chronological order employers during the preceding ten years (use opposite side of paper if necessary):

Employer's Name and Address	Nature of Business	From	To
<u>ABUZAR SHEIKH</u>	<u>C-STORE GAS STATION</u>	<u>2-2019</u>	<u>08-2020</u>

4. Have you ever been convicted of or have penalties or forfeitures assessed against you for violation of laws or ordinances governing the operation of gasoline service stations, the sale or traffic in gasoline, naphtha, benzole, lubricating oil or other flammable liquids having a flashpoint below 165 degrees Fahrenheit, or fraudulent practices of any nature?

(If yes, state exact nature of conviction, penalty, or forfeiture and if applicable, trial court, trial date, and penalty imposed)

N-A

The undersigned agrees that the license, if granted, will not be transferred to any other person or persons and Will conform to and abide by all the Ordinances of the City of Racine relating to gasoline service stations.

402-405-9495  
Business Phone No.

[Signature]  
Signature of Applicant  
Title: OWNER

\_\_\_\_\_  
Home Phone No.

\_\_\_\_\_  
Signature of Applicant  
Title: \_\_\_\_\_

**\*SKETCH NOT REQUIRED ON RENEWALS UNLESS CHANGES HAVE BEEN MADE\***