

20181468-21

Form
CTV-100**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)

Lush Adult Entertainment

2. Business Trade Name or DBA

Lush Ultra Lounge

3. FEIN

87-0937788

4. Wisconsin Seller's Permit Number

456-1030782826-02

5. Entity Type (check one)

☐ Sole Proprietor☐ Partnership☒ Limited Liability Company☐ Corporation

6. State of Organization

WI

7. Date of Organization

8. Wisconsin DFI Registration Number

9. Premises Address (do not use PO Box)

1520 Washington Ave

10. City

Racine

11. State

WI

12. Zip Code

5340

13. County

Racine

14. Governing Municipality

☒ City☐ Town☐ Village

of:

15. Aldermanic District

16. Mailing Address (if different from premises address)

PO BOX 46375

17. City

Madison

18. State

WI

19. Zip Code

53744

20. Premises Phone

608-895-1885

21. Premises Email

amarionjames@gmail.com

22. Website

NA

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.

Part B: Questions

1. What products will be sold at this business location? (check all that apply)

☒

Cigarettes

☒

Tobacco Products

☒

Electronic Vaping Devices

2. How will cigarettes, tobacco, and/or electronic vaping devices be sold? (check all that apply)

☒

Over the counter

☐

Vending machine

3. Is the applicant business owned by another business entity? ☐ Yes ☒ No

If yes, provide the name and FEIN of the parent company below, identify parent company members in Part C, and attach Form CTV-101 for all of the parent company's members, partners, or officers.

3a. Name of Parent Company:

3b. FEIN of Parent Company:

Part C: Individual Information

An Individual Questionnaire, Form CTV-101, must be completed and attached to this application for each person involved in the applicant business and any parent company indicated in Part B. Such persons include: sole proprietor, all officers and agents of a corporation, all partners of a partnership, and all members and agents of a limited liability company.

List the full name, title, and phone number for each person below. Attach additional sheets if necessary.

Last Name	First Name	Title	Phone

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 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 <i>Amarion James</i>	Date <i>4-18-24</i>
Name (Last, First, M.I.) <i>James K. Amarion</i>	
Title <i>Owner</i>	Email <i>amarionjames1985@gmail.com</i>
	Phone <i>608 895 1885</i>

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		