

2992

2018 1450-23

Fee: \$100.00  
Record Check \$15.00/per person

27

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

FEIN: 01-0862787  
WI Seller Permit: 496-1031671928-02

Owner is (Please specify):

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

Name of Owner: SALEH BAZZAR Owner Date of Birth: 5-5-1958

Owner's Address: 1105 E CONNIE Lane OAK CREEK WI 53154

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

From 6-30-24 to June 30-25, until June 30, 2025

Trade Name: Lathrop Cash Discount LLC

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

8000 gallons pr and 10000 gallons Reglar un/lead

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):

<u>Employer's Name and Address</u>	<u>Nature of Business</u>	<u>From</u>	<u>Employed</u>	<u>To</u>
<u>NONE</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)

NONE

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.

(262) 634-7773  
Business Phone No.

saleh Al Bazzar  
Signature of Applicant  
Title: OWNER

(414) 315-7602  
Home Phone No.

saleh Bazzar  
Signature of Applicant  
Title: OWNER

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

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)  
Lathrop Cash Discount LLC

2. Business Trade Name or DBA  
Lathrop Cash Discount LLC

3. FEIN  
01-0862787

4. Wisconsin Seller's Permit Number  
456-1031671928-02

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

6. State of Organization  
Wisconsin

7. Date of Organization

8. Wisconsin DFI Registration Number

9. Premises Address (do not use PO Box)  
2501 Lathrop Ave

10. City  
Racine

11. State  
WI

12. Zip Code  
53405

13. County  
Racine

14. Governing Municipality:  City  Town  Village  
of: Racine

15. Aldermanic District  
11

16. Mailing Address (if different from premises address)  
Same

17. City

18. State

19. Zip Code

20. Premises Phone

21. Premises Email

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.  
North End cigarette over the counter

**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
Bazzar	SALEH	OWNER	(414) 315-7602

**Part D: Attestation**

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

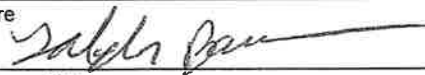
- sole proprietor
- one general partner of a partnership
- one corporate officer
- one managing member of an LLC

**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 	Date 4-14-24
Name (Last, First, M.I.) Bazzar SALEH A I	
Title OWNER	Email Phone (414) 315-7602

**Part E: For Clerk Use Only**

Date application was filed with clerk <del>4-14-24</del>	Date license issued	Date license expires	License number
License fees	Signature of Clerk/Deputy Clerk		

Date

Form CTV-101

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

**Part A: Business Information**

1. Legal Business Name (individual name if sole proprietor)  
Lathrop Cash Discount LLC

2. Business Trade Name or DBA  
Lathrop Cash Discount LLC

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

**Part B: Individual Information**

1. Name (Last) BAZZAR    2. Name (First) SALEH    3. Name (M.I.) AI

4. Relationship to Business (Title) OWNER    5. Email    6. Phone (414) 315-7602

7. Home Address 1105 E Canfield Lane

8. City OAK CREEK    9. State WI    10. Zip Code 53154    11. Date of Birth

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

**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
1 SAME			
2			
3			
4			
5			
6			

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

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 *Satele Bora* Date *4-14-24*

**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

**Cigarette, Tobacco, and Electronic Vaping Device  
Appointment of Agent**

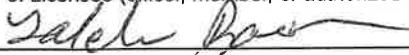

Date

Agent Type (check one):  Original  Change

<b>Part A: Agent Information</b>		
1. Last Name BAZZAR	2. First Name SALEH	3. M.I.
4. Email	5. Phone (414) 315-7602	
6. Home Address 1105 East Connie Ln		
7. City OAK Creek	8. State WI	9. Zip Code 53154
10. Date of Birth	11. Drivers License/State ID Number	12. Drivers License/State ID State of Issuance WI

<b>Part B: Questions</b>
1. Have you completed Form CTV-101, <i>Cigarette, Tobacco, and Electronic Vaping Device License - Individual Questionnaire</i> ? Submit a completed Form CTV-101 with this form. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. If this is a change of agent, please describe the reason for the agent change. Attach additional sheets if necessary.

<b>Part C: Business Information</b>		
1. Legal Business Name (individual name if sole proprietor) Lathrop Cash Discount LLC		
2. Business Trade Name or DBA Lathrop Cash Discount LLC		
3. Entity Type (check one) <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation		
4. Premises Address 2501 Lathrop Ave		
5. City Racine WI 53405	6. State WI	7. Zip Code 53405

<b>Part D: Attestations</b>	
<b>READ CAREFULLY BEFORE SIGNING:</b> 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) 	Date 4-14-24
Name of Person Signing for Licensee SALEH BAZZAR	Title 4-14-24
<b>READ CAREFULLY BEFORE SIGNING:</b> I, the Agent, herby 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 	Date 4-14-24

**CONTACT FORM**

Business Owner/Owner Entity: Salih BAZZAR

Trade Name: Lathrop cash discount

Business Address: 2501 Lathrop Ave Rainier WA 98148

Website: \_\_\_\_\_

Business Email Address: \_\_\_\_\_

Regular Operating Days/Hours: 7 days a week from 7:00 am to 6:00 pm

Agent Name: SALEH BAZZAR

Agent Home Address: 1105 E Connie Lane Oak Creek WI 53154

Agent Emergency Contact Number: (414) 315-7602

Agent Email Address: \_\_\_\_\_

Agent Date of Birth: \_\_\_\_\_

Name of additional members of Business:      Date of Birth of additional members:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

This form is required to be turned in with your application, for your application to be considered complete. If you have any questions, please contact the City Clerk's Office at (262) 636-9171.

Blue River St

Reg Gas tank

gas tank

Driveway

Pump 5x6

Pump 3x4

Pump 1x2

Door Building

Door

Lathrop Street

Driveway