

Acct# 3522

Gas Bill# 2095

Tobacco Bill# 2145

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

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

FEIN: 39-0887447

WI Seller Permit: 456-0000254644-03

Owner is (Please specify):

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

Name of Owner: CLINTON W WOODMAN Owner Date of Birth: \_\_\_\_\_

Owner's Address: HOME-16 FULLER CT MADISON WI 53704

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

5900 DURAND AVE AS PART OF WOODMANS FOOD MARKET #45 LOCATED AT 5430 DURAND AVE, until **June 30, 2026**

Trade Name: WOODMANS FOOD MARKET INC

1. The applicant is the owner of said proposed business, which contains 2 tanks with the following capacities:  
#1 30,000 gallon unleaded #2 20,000 gallon (8000 gallon premium unleaded, 6000 gallon E 85, 6000 gallon diesel)

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):

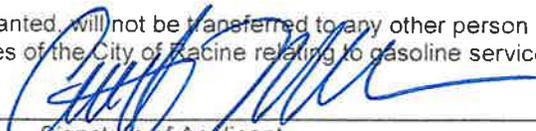
<u>Employer's Name and Address</u>	<u>Nature of Business</u>	<u>From</u>	<u>Employed</u>	<u>To</u>

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)  
NO

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.

608-754-8382  
Business Phone No.

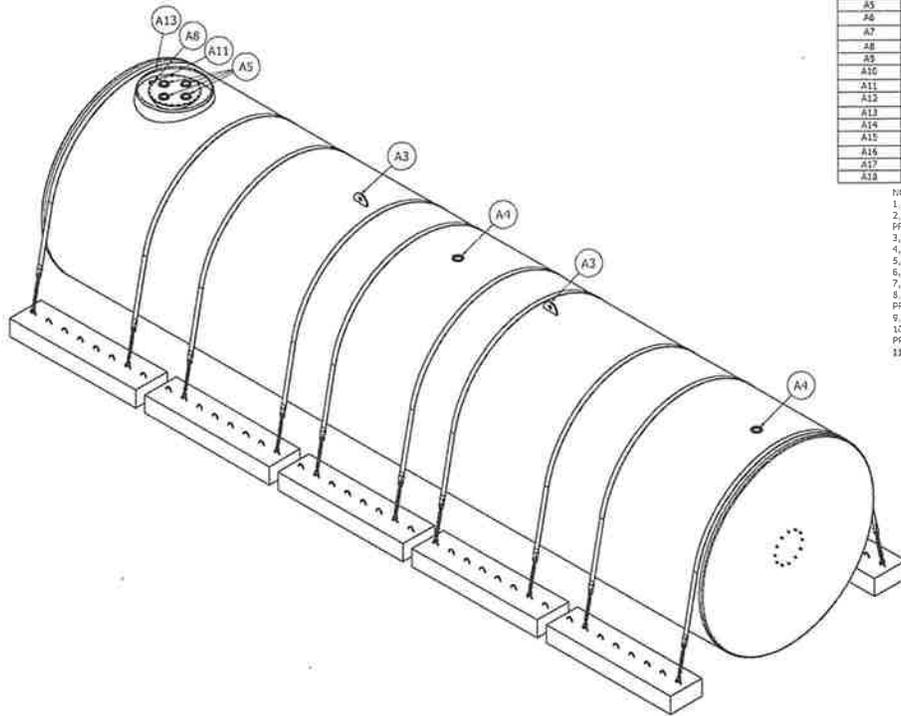
  
Signature of Applicant  
Title: PRESIDENT

608-345-2314  
Home Phone No.

  
Signature of Applicant  
Title: PRESIDENT

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

ELUTRON®



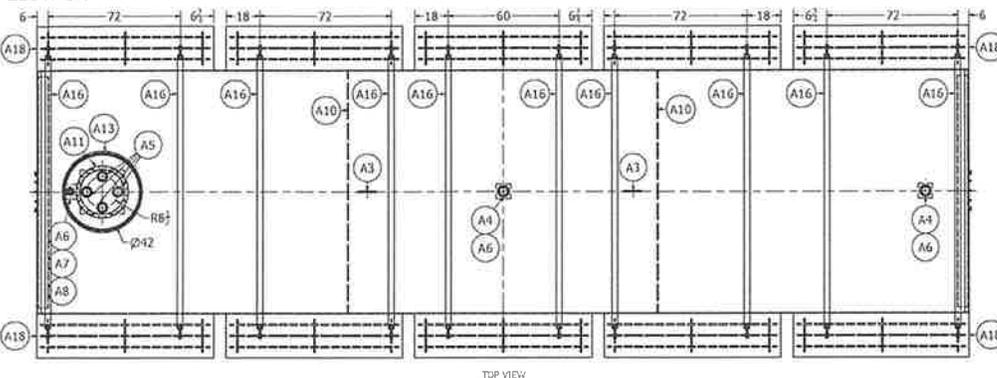
BILL OF MATERIALS			
ITEM	QTY	DESCRIPTION	
A1	2	HEAD, 42" x 132" I.D., FLANGED (OUTER/LASH)	
A2	1	A" (263" min) x 0132" I.D. x 562" LONG (A56)	
A3	2	PLATE (A36), 4" x 6" x 1/8" (LIFT LUG)	
A4	2	THREADED WELD FLANGE, 04" NPT (LOW PROFILE)	
A5	4	THREADED WELD FLANGE, 04" NPT (PLAT)	
A6	3	PLATE (A36), 4" x 8" x 1/8" (STRIKER PLATE)	
A7	1	PIPE, 02" SCH 40 x 131" LONG (INTERNAL MONITOR)	
A8	1	THREADED WELD FLANGE, 02" (OPT ELUTRON)	
A9	2	CHANNEL, C6 x 6.25 x 1/2" LONG (BRACE)	
A10	2	PLATE, 4" x 8" x 1/2" O.D. (STOPPER)	
A11	1	MANWAY, 24" x 2" HIGH W/ COVER, CASSET, NUTS & BOLTS	
A12	1	PLATE (A36), 4" x 24" x 1/2" (STRIKER PLATE)	
A13	1	SHIP COLLAR, 04" (FIBERGLASS)	
A14	1	TANK LABELS, ELUTRON	
A15	34	STUD, 4" x 10 UNC x 1 1/2" LONG	
A16	10	HOLD DOWN STRAP, 2 PLY x 3" x 3/4" LONG (POLYESTER)	
A17	20	TURNBUCKLE 1" x 6" (PIN TO PIN OPEN 21.87, CLOSED 17.87)	
A18	10	CONCRETE DEADEND (4" x 4" x 1')	

- NOTES:
1. BUTT WELD SHELL TO SHELL & SHELL TO HEADS.
  2. ALL FITTINGS EXCEPT MONITOR WELL TO BE PHOENIX LOW PROFILE THREADED WELD FLANGES.
  3. WELD ON STUDS AFTER TESTING TANK.
  4. SEAL WELD STRIKER PLATES.
  5. ALL WELDS MUST BE LOW.
  6. BACK GRIND ALL SIDE SEAMS BEFORE WELDING.
  7. ALL WELD SCRS & BBS ARE TO BE REMOVED.
  8. ABRASIVE BLAST AROUND FITTINGS & SIDE SEAMS TO A 2 MIL PROFILE & COAT W/ 100 MILS FIBERGLASS PER ELUTRON.
  9. REMOVE STUDS DURING FIBERGLASS.
  10. MONITOR PIPE PARTIAL ASSEMBLY TO BE MADE UP & TESTED PRIOR TO INSTALLATION, MUST BE MADE UP & TESTED.
  11. SHIP WITH WAQUAM.

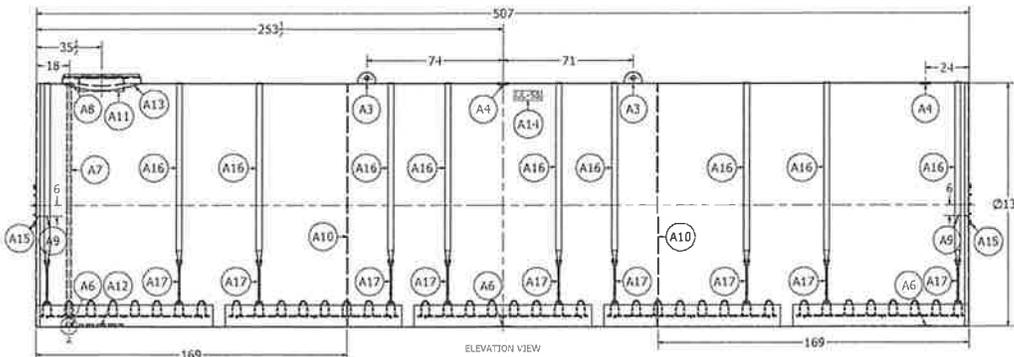
WARRANTY ACTIVATION REQUIRES SUBMITTAL OF COMPLETED CERTIFICATE OF INSTALLATION WITHIN 60 DAYS OF INSTALL.

		<b>LANNON TANK COMPANY</b> 20134 Main Street Lannon, WI 53045 Phone : 262.251.7390 www.lannontank.com		UL-58			
				TITLE: 11' DIA. x 42'-3" 30,000 GAL. ELUTRON			
NO.	DATE	REVISION	INIT	APPD	CUSTOMER	TITLE	DATE
					NORTHWEST PETROLEUM	QUOTE 7522 REV1	07/16/2024
QUOTE NO: 7522		QUOTE PRICE: 25,623 LBS		QUOTE NO: 7522		QUOTE PRICE: 25,623 LBS	

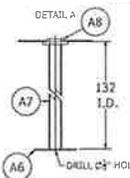
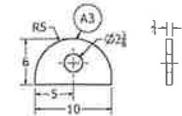
ELUTRON®



TOP VIEW

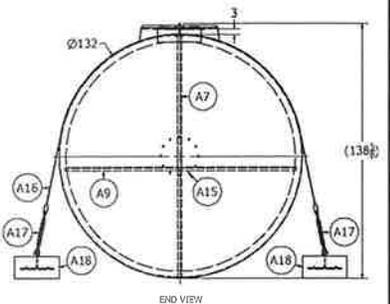


ELEVATION VIEW



BILL OF MATERIALS	
ITEM	DESCRIPTION
A1	HEAD, 2" x 132" I.D. FLANGED (OUTER HEAD)
A2	1" (26.5 mm) x Ø132" I.D. x 362" LONG (A36)
A3	PLATE (A35), 1/2" x 8" x 18" (LIFT LUG)
A4	THREADED WELD FLANGE, Ø4" IPT (LOW PROFILE)
A5	THREADED WELD FLANGE, Ø4" IPT (PLATE)
A6	PLATE (A36), 1/2" x 8" x 8" (STRIPPER PLATE)
A7	PIPE, Ø7" SCH 40 x 132" LONG (INTERSTITIAL MONITOR)
A8	THREADED WELD FLANGE, Ø2" IPT (ELUTRON)
A9	CHANNEL, C6 x 8.25 x 126" LONG (BRACE)
A10	PLATE, 1/2" x 12" x 132" O.D. (STIFFENER)
A11	MANWAY, 32" x 7" HIGH w/ COVER, GASKET, NUTS & BOLTS
A12	PLATE (A36), 1/2" x 24" x 24" (STRIPPER PLATE)
A13	WIPER COLLAR, Ø42" (Ø36.5-12)
A14	TALK LABELS, ELUTRON
A15	3M STUD, #10 UNC x 1" LONG
A16	HOLD DOWN STRAP, 2 PLY x 3" x 375" LONG (POLYESTER)
A17	TURNBUCKLE 1" x 6" (PIN TO PIN OPEN 33.82, CLOSED 17.42)
A18	CONCRETE DEADEN (8' x 2' x 1')

- NOTES:
- BUTT WELD SHELL TO SHELL & SHELL TO HEADS.
  - ALL FITTINGS EXCEPT MONITOR WELL TO BE PHOENIX LOW PROFILE THREADED WELD FLANGES.
  - WELD ON STUDS AFTER TESTING TANK.
  - SEAL WELD STRIPPER PLATES.
  - ALL WELDS MUST BE LOW.
  - BACK GRIND ALL SIDE SEAMS BEFORE WELDING.
  - ALL WELD SCABS & BRU. ARE TO BE REMOVED.
  - ABRASIVE BLAST AROUND FITTINGS & SIDE SEAMS TO A 2 MIL PROFILE & COAT w/ 100 MILS FIBERGLASS PER ELUTRON.
  - REMOVE STUDS DURING FIBERGLASS.
  - MONITOR PIPE PARTIAL ASSEMBLY TO BE MADE UP & TESTED PRIOR TO INSTALLATION, MUST BE INSTALLED BEFORE SECOND HEAD.
  - SHIP WITH VACUUM.



END VIEW

WARRANTY ACTIVATION REQUIRES SUBMITTAL OF COMPLETED CERTIFICATE OF INSTALLATION WITHIN 60 DAYS OF INSTALL.

NO.	DATE	REVISION	INT.	APPC.

**LANNON TANK COMPANY**

4203 1/2th Street  
Lanham, MD 21056  
Phone: 262-251-7800  
www.lannontank.com

UL-58

COMP. BY: **BMH**

DATE: **07/16/2024**

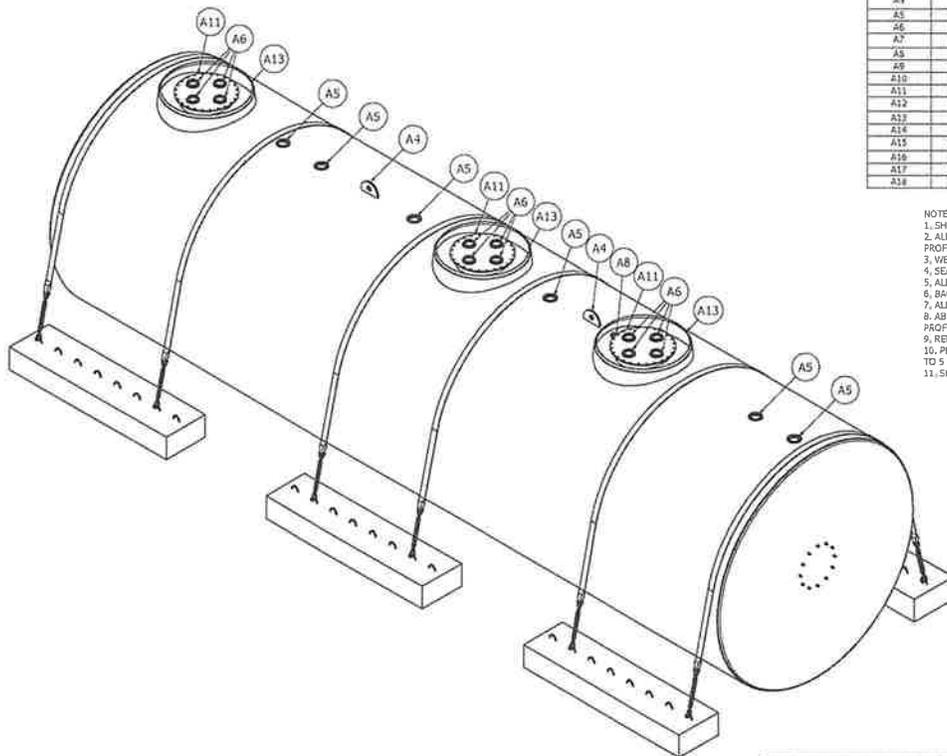
SCALE: **1:50**

TITLE: **11' DIA. x 42'-3" 30,000 GAL. ELUTRON**

SUPPLIER: **NORTH/WEST PETROLEUM** QUOTE: **7522 REV1**

PROJ. NO.: **30000ET-14** QUANTITY: **25,503 LBS** SHEET: **2** OF **2**

ELUTRON®



BILL OF MATERIALS		
ITEM	QTY	DESCRIPTION
A1	2	HEAD, 4' x 120" O.D. FLANGED (A36)
A2	4	BULKHEAD, 4' x 120" O.D. FLANGED (A36)
A3	1	4' x 7.524' DIA. x 120" L.D. x 411" LONG (SHELL)
A4	2	PLATE (A36), 4' x 6' x 10" (BPT LUG)
A5	6	THREADED WELD FLANGE, 04" NPT (LOW PROFILE)
A6	12	THREADED WELD FLANGE, 04" NPT (PLAT)
A7	6	PLATE (A36), 4' x 8' x 8" (STRIKER PLATE)
A8	1	THREADED WELD FLANGE, 04" NPT (VERTICAL POSITION)
A9	10	CHANNEL, C3 x 8.78 x 114" LONG (SPACER)
A10	6	CHANNEL, C3 x 8.78 x 114" LONG (BRACE)
A11	3	MANWAY, 024" x 7" HIGH w/ COVER, GASKET, NUTS & BOLTS
A12	3	PLATE (A36), 4' x 24" x 24" (STRIKER PLATE)
A13	3	SLIMP COLLAR, 04" x 0200CL-10
A14	1	TANK LABEL, ELUTRON
A15	24	STUD, 1/4" UNF x 1 1/2" LONG
A16	6	HOLD DOWN STRAP, 2 PLY x 3" x 243" LONG (POLYESTER)
A17	12	TURBUKALE 1" w 8" YPRN TO PRI DIPER 23-82, CLOSED 17.82
A18	6	CONCRETE DEADMEN (6' x 2' x 1')

- NOTES:
1. SHELL TO BE DOUBLE BUTT WELDED AND LAP WELD SHELL TO HEAD.
  2. ALL FITTINGS IN SHELL EXCEPT MONITOR WELL TO BE PHOENIX LOW PROFILE THREADED WELD FLANGES.
  3. WELD ON STUDS AFTER TESTING.
  4. SEAL WELD STRIKER PLATES.
  5. ALL WELDS MUST BE LOW.
  6. BACK GRIND ALL SIDE SEAMS BEFORE WELDING.
  7. ALL WELD SCARS & BIPS ARE TO BE REMOVED.
  8. ABRASIVE BLAST AROUND FITTINGS & SIDE SEAMS TO A 2 MIL PROFILE & COAT w/ 100 MILS FIBERGLASS PER ELUTRON.
  9. REMOVE STUDS DURING FIBERGLASS.
  10. PRESSURE TEST BULKHEADS PRIOR TO BUILDING TANK FROM 3 psi TO 5 psi & VACUUM TEST UP TO 10" hg.
  11. SHIP WITH VACUUM.

NO.	DATE	REVISIONS	INT.	APPD.



**LANNON TANK COMPANY**

2038 Milwaukee  
Lannon, WI 53045  
Phone 1.262.251.7850  
www.ltc-tank.com

TITLE: 10' DIA. x 34'-5" 6k/8k/6k GAL. ELUTRON

NORTHWEST PETROLEUM

QUOTE 7522 REV1

19,682 LBS

UL-58

DATE: 07/16/2024

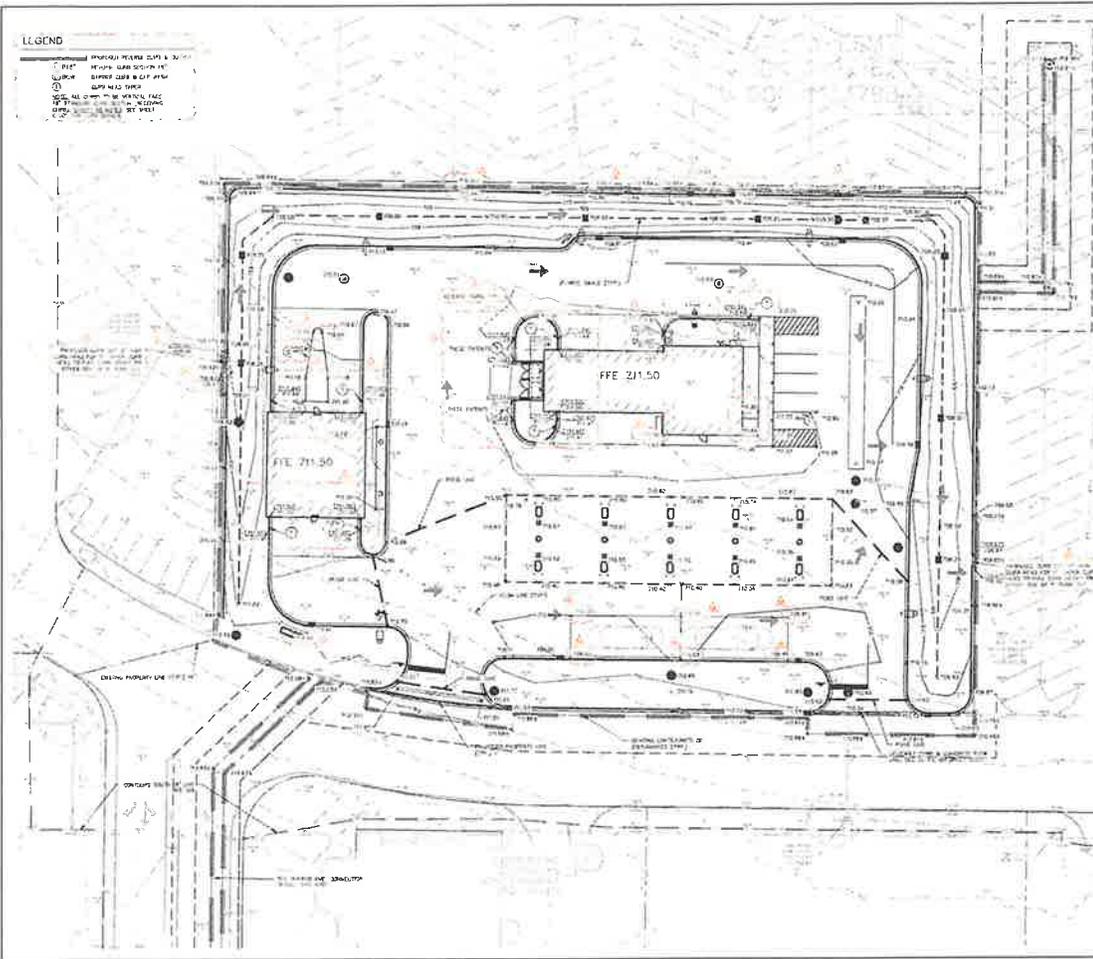
SCALE: 1:40

WARRANTY ACTIVATION REQUIRES SUBMITTAL OF COMPLETED CERTIFICATE OF INSTALLATION WITHIN 60 DAYS OF INSTALL



**LEGEND**

	PROPOSED PROPERTY LINE
	EXISTING PROPERTY LINE
	PROPOSED EASEMENT
	EXISTING EASEMENT
	PROPOSED DRIVEWAY
	EXISTING DRIVEWAY
	PROPOSED WALKWAY
	EXISTING WALKWAY
	PROPOSED UTILITY
	EXISTING UTILITY



**GRADING PLAN NOTES**

1. PROPOSED GRADING SHALL BE AS SHOWN AND SHALL BE TO BE PROVIDED BY THE CONTRACTOR. THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS FROM THE APPROPRIATE AGENCIES.

2. THE CONTRACTOR SHALL MAINTAIN THE EXISTING UTILITIES AND SHALL BE RESPONSIBLE FOR ANY NECESSARY REPAIRS OR REPLACEMENTS.

3. THE CONTRACTOR SHALL MAINTAIN THE EXISTING DRIVEWAY AND SHALL BE RESPONSIBLE FOR ANY NECESSARY REPAIRS OR REPLACEMENTS.

4. THE CONTRACTOR SHALL MAINTAIN THE EXISTING WALKWAY AND SHALL BE RESPONSIBLE FOR ANY NECESSARY REPAIRS OR REPLACEMENTS.

5. THE CONTRACTOR SHALL MAINTAIN THE EXISTING UTILITY AND SHALL BE RESPONSIBLE FOR ANY NECESSARY REPAIRS OR REPLACEMENTS.



**811**  
Know what's below.  
Call before you dig.

FOR A LIST OF PARTICIPATING UTILITIES, VISIT [www.811.com](http://www.811.com).  
CALL 811 AT LEAST 48 HOURS BEFORE YOU DIG.  
ALL DIGGING IS AT YOUR OWN RISK. WE DO NOT  
GUARANTEE THE ACCURACY OF OUR DATA. WE  
ARE NOT RESPONSIBLE FOR ANY DAMAGE TO  
PROPERTY OR PERSONS.

WOODMAN'S FOOD MARKET RACINE, WI DETAILED GRADING PLAN GAS STATION	
PROJECT NUMBER PAUL T. MCGARRA, P.E. CHECKED BY AIA	SHEET NUMBER C506

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) WOODMANS FOOD MARKET INC		
2. Business Trade Name or DBA WOODMANS FOOD MARKET INC #45 GAS STATION		
3. FEIN 39-0887447	4. Wisconsin Seller's Permit Number 456-0000254644-03	
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 WI	7. Date of Organization	8. Wisconsin DFI Registration Number 1W07850
9. Premises Address (do not use PO Box) 5900 DURAND AVE		
10. City RACINE	11. State WI	12. Zip Code 53406
13. County RACINE	14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: RACINE	15. Aldermanic District 14
16. Mailing Address (if different from premises address) 2631 LIBERTY LANE		
17. City JANESVILLE	18. State WI	19. Zip Code 53545
20. Premises Phone 608-754-8382	21. Premises Email licensing@woodmans-food.com	22. Website WOODMANS-FOOD.COM
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.  CIGARETTES, TOBACCO AND VAPE PRODUCTS WILL BE SOLD AT THE LIQUOR DEPARTMENT, AND AT THE SERVICE COUNTER LOCATED AT 5430 DURAND AVENUE CIGARETTES, AND TOBACCO PRODUCTS WILL BE SOLD IN THE GAS STATION LOCATED AT 5900 DURAND AVE		

### Part B: Questions

1. What products will be sold at this business location? (check all that apply) <input checked="" type="checkbox"/> Cigarettes <input 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 checked="" type="checkbox"/> 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
WOODMAN	CLINTON	PRESIDENT	608-754-8382
POPP	KRISTIN	VP/Treas/Sect	608-290-0092
WOODMAN	WILLARD	CEO	608-754-8382
JORDAN	BRITTANY	STORE MANAGER	608-449-2068

**Part D: Attestation**

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

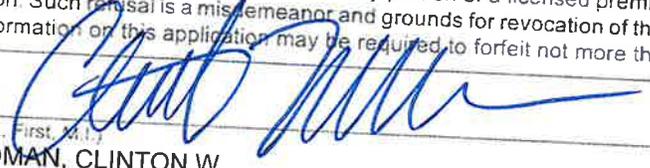
- sole proprietor
- one general partner of a partnership
- one corporate officer
- one managing member of an LLC

**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://www.tobaccocheck.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
Name (Last, First, M.I.) WOODMAN, CLINTON W		6-10-25
Title PRESIDENT	Email licensing@woodmans-food.com	Phone 608-754-8382

**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		

Form  
CTV-101

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

Date

<b>Part A: Business Information</b>			
1. Legal Business Name (individual name if sole proprietor) <b>WOODMANS FOOD MARKET INC</b>			
2. Business Trade Name or DBA <b>WOODMANS FOOD MARKET INC #45 GAS</b>			
3. Entity Type (check one)			
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company	<input checked="" type="checkbox"/> Corporation

<b>Part B: Individual Information</b>					
1. Name (Last) <b>WOODMAN</b>		2. Name (First) <b>CLINTON</b>		3. Name (M.I.) <b>W</b>	
4. Relationship to Business (Title) <b>PRESIDENT</b>		5. Email <b>licensing@woodmans-food.com</b>		6. Phone <b>608-754-8382</b>	
7. Home Address <b>16 FULLER COURT</b>					
8. City <b>MADISON</b>		9. State <b>WI</b>	10. Zip Code <b>53704</b>		11. Date of Birth
12. Drivers License/State ID Number <b>w355-1197-7129-00</b>			13. Drivers License/State ID State of Issuance <b>WI</b>		

<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		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	County	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 **6-10-25**

**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 License - Individual Questionnaire

Date

**Part A: Business Information**

1. Legal Business Name (individual name if sole proprietor)  
**WOODMAN'S FOOD MARKET INC**

2. Business Trade Name or DBA  
**WOODMANS FOOD MARKET INC #45 GAS**

3. Entity Type (check one)

Sole Proprietor       Partnership       Limited Liability Company       Corporation

**Part B: Individual Information**

1. Name (Last) <b>POPP</b>		2. Name (First) <b>KRISTIN</b>		3. Name (M.I.)	
4. Relationship to Business (Title) <b>VP/Treas/Sect</b>		5. Email <b>licensing@woodmans-food.com</b>		6. Phone <b>608-290-0092</b>	
7. Home Address <b>5631 LILLY LANE</b>					
8. City <b>MILTON</b>			9. State <b>WI</b>	10. Zip Code <b>53563</b>	11. Date of Birth
12. Drivers License/State ID Number <b>P100-5127-7862-03</b>			13. Drivers License/State ID State of Issuance <b>WI</b>		

**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
Previous Address 1			
Previous Address 2			
Previous Address 3			
Previous Address 4			
Previous Address 5			
Previous Address 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 *Justin Lopp* Date *6/10/2025*

**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 License - Individual Questionnaire

Date
------

### Part A: Business Information

1. Legal Business Name (individual name if sole proprietor) <b>WOODMANS FOOD MARKET INC</b>			
2. Business Trade Name or DBA <b>WOODMANS FOOD MARKET INC #45 GAS</b>			
3. Entity Type (check one)			
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company	<input checked="" type="checkbox"/> Corporation

### Part B: Individual Information

1. Name (Last) <b>WOODMAN</b>		2. Name (First) <b>WILLARD</b>		3. Name (M.I.) <b>P</b>	
4. Relationship to Business (Title) <b>CEO</b>		5. Email <b>licensing@woodmans-food.com</b>		6. Phone <b>608-754-8382</b>	
7. Home Address <b>1008 BAY AVE</b>					
8. City <b>MADISON</b>		9. State <b>WI</b>	10. Zip Code <b>53704</b>		11. Date of Birth
12. Drivers License/State ID Number <b>W355-8954-3187-06</b>			13. Drivers License/State ID State of Issuance <b>WI</b>		

### 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	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	County	State	County	State	County	State	County
State	County	State	County	State	County	State	County

Continued →

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

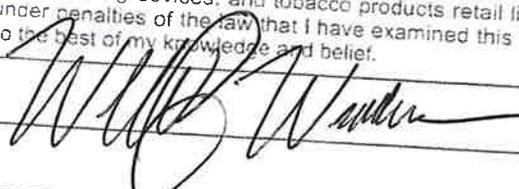
1. Have you ever been convicted of any offenses (other than traffic offenses) for violation of any federal, Wisconsin, or another state's laws, or of any county or municipal ordinances?  Yes  No  
 If yes to question 1, please list details of each conviction below:

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: 6-10-25

**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: \_\_\_\_\_

Date

Form  
CTV-101

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

<b>Part A: Business Information</b>			
1. Legal Business Name (individual name if sole proprietor) <b>WOODMANS FOOD MARKET INC</b>			
2. Business Trade Name or DBA <b>WOODMANS FOOD MARKET INC #45 GAS</b>			
3. Entity Type (check one)			
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company	<input checked="" type="checkbox"/> Corporation

<b>Part B: Individual Information</b>					
1. Name (Last) <b>JORDAN</b>		2. Name (First) <b>BRITTANY</b>		3. Name (M.I.) <b>M</b>	
4. Relationship to Business (Title) <b>STORE MANAGER</b>		5. Email <b>BRITTANY.JORDAN@WOODMANS-FOOD.COM</b>		6. Phone <b>608-449-2068</b>	
7. Home Address <b>3553 RIVER BEND DR</b>					
8. City <b>RACINE</b>		9. State <b>WI</b>	10. Zip Code		11. Date of Birth
12. Drivers License/State ID Number <b>J635-0738-8823-08</b>			13. Drivers License/State ID State of Issuance <b>WI</b>		

<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		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	County	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.

*(This area is currently blank for describing pending charges.)*

**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: 06-10-25

**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: \_\_\_\_\_

Form  
CTV-102

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

Date

Agent Type (check one):  Original  Change

## Part A: Agent Information

1. Last Name JORDAN		2. First Name BRITTANY		3. M.I. M
4. Email BRITTANY.JORDAN@WOODMANS-FOOD.COM			5. Phone 608-449-2068	
6. Home Address 3553 RIVER BEND DR				
7. City RACINE				
10. Date of Birth 9/3/1988		11. Drivers License/State ID Number J635-0738-8823-08		12. Drivers License/State ID State of Issuance WI
		8. State WI	9. Zip Code 53404	

## 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.

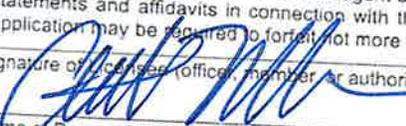
New store

## Part C: Business Information

1. Legal Business Name (individual name if sole proprietor) WOODMANS FOOD MARKET INC	
2. Business Trade Name or DBA WOODMANS FOOD MARKET INC #45 GAS	
3. Entity Type (check one) <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation	
4. Premises Address 5900 DURAND 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)  Date 6/10/25

Name of Person Signing for Licensee  
CLINTON W WOODMAN Title  
PRESIDENT

**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  Date 6-10-25

325-1959



Fee: \$250.00 (Full time)  
\$150.00 (Temp)  
\$50.00 (Pop-Up Temp)

CITY OF RACINE - DEPARTMENT OF CUSTOMER SERVICE  
730 WASHINGTON AVE. ROOM 103 • RACINE WI 53403 • (262) 636-9171

# APPLICATION FOR OCCUPANCY

NAME OF BUSINESS WOODMANS FOOD MARKET INC

BUSINESS TRADE NAME WOODMANS FOOD MARKET INC #45 GAS STATION

BUSINESS ADDRESS 5900 DURAND AVE

HOURS OF OPERATION 7:15 AM -6:45 PM

NUMBER OF EMPLOYEES IN THE HIRING PROCESS

TYPE OF BUSINESS THE LOCATION WAS AND WHAT IS YOU ARE APPLYING FOR  
RETAIL GROCERY STORE WITH GAS STATION

ADDITIONAL COMMENTS OFFERING LUBE SERVICES

APPLICANT'S NAME CLINTON W WOODMAN

ADDRESS 16 FULLER CT MADISON WI 53704 LICENSING@WOODMANS-FOOD.COM

PHONE & EMAIL 608-754-8382

PROPERTY OWNER'S NAME CLINTON W WOODMAN

ADDRESS 16 FULLER CT MADISON WI 53704

PHONE & EMAIL 608-754-8382 LICENSING@WOODMANS-FOOD.COM

SIGNATURE OF APPLICANT 

SIGNATURE OF OWNER 