

2592

2080584-7

Form
CTV-100Cigarette, 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)

DOUGLAS DEPOT LLC

2. Business Trade Name or DBA

DOUGLAS TOBACCO

3. FEIN

41-3071070

4. Wisconsin Seller's Permit Number

456-1032209576-04

5. Entity Type (check one)

 Sole Proprietor Partnership Limited Liability Company Corporation

6. State of Organization

WISCONSIN

7. Date of Organization

12/12/2025

8. Wisconsin DFI Registration Number

D084494

9. Premises Address (do not use PO Box)

1615 DOUGLAS AVE

10. City

RACINE

11. State

WI

12. Zip Code

53404

13. County

RACINE

14. Governing Municipality: City Town Village

15. Aldermanic District

of:

16. Mailing Address (if different from premises address)

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.

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 machine3. Is the applicant business owned by another business entity? Yes 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: _____

3b. FEIN of Business Entity: _____

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
ASSAD	KHALID	MEMBER	(262) 497-7579

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
		12/26/2025
Name (Last, First, M.I.)		
ASSAD, KHALID		
Title	Email	Phone
MEMBER	INFO3@PUFFPALACESHOP.COM	(262) 497-7579

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		

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

Date

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)

DOUGLAS DEPOT LLC

2. Business Trade Name or DBA

DOUGLAS TOBACCO

3. Entity Type (check one)

Sole Proprietor

Partnership

Limited Liability Company

Corporation

Part B: Individual Information

1. Name (Last)

ASSAD

2. Name (First)

KHALID

3. Name (M.I.)

4. Relationship to Business (Title)

MEMBER

5. Email

INFO3@PUFFPALACESHOP.COM

6. Phone

(262) 497-7579

7. Home Address

3611 MONICA DR

8. City

FRANKSVILLE

9. State

WI

10. Zip Code

53126

11. Date of Birth

12. Drivers License/State ID Number

A230-5019-1218-04

13. Drivers License/State ID State of Issuance

WI

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 SAME	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

12/26/2025

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 does not have a criminal record that would disqualify them from having an interest in a cigarette, tobacco product, or electronic vaping device retailer license according to sec. 134.65(1m), Wis. Stats.

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 ASSAD	2. First Name KHALID	3. M.I.
4. Email INFO3@PUFFPALACESHOP.COM	5. Phone (262) 497-7579	
6. Home Address 3611 MONICA DR		
7. City FRANKSVILLE	8. State WI	9. Zip Code 53126
10. Date of Birth A230-5019-1218-04	11. Drivers License/State ID Number A230-5019-1218-04	12. Drivers License/State ID State of Issuance WISCONSIN

Part B: Questions

1. Have you completed Form CTV-101, *Cigarette, Tobacco, and Electronic Vaping Device - 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.

Part C: Business Information

1. Legal Business Name (individual name if sole proprietor)

DOUGLAS DEPOT LLC

2. Business Trade Name or DBA

DOUGLAS TOBACCO

3. Entity Type (check one)

Limited Liability Company

Corporation

4. Premises Address

1615 DOUGLAS AVE

5. City

RACINE

6. State

WI

7. Zip Code

53404

Part D: Attestations

READ CAREFULLY BEFORE SIGNING: I, the **Licensee or Permittee**, 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 or Permittee (officer, member, or authorized signatory)

Date

12/26/2025

Name of Person Signing

Title

ASSAD, KHALID

MEMBER

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

12/26/2025

CONTACT FORM

Business Owner/Owner Entity: Khalid Assad

Trade Name: Douglas Depot

Business Address: 1615 Douglas Ave

Website: NA

Business Email Address: info3@PuffPalaceShop.com

Regular Operating Days/Hours: 9am - 9pm

Agent Name: Khalid Assad

Agent Home Address: 3611 Monica Dr

Agent Emergency Contact Number: 262-902-3914

Agent Email Address: Kaassad@outlook.com

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.