

Customer ID ⁶⁸³¹ 8320
Customer ID entry 8321
Account 3093

New Liquor License Packet

The first time you arrive at the Clerk's Office you will be given this packet. Included in this packet are:

- Application
- Business Plan Questionnaire
- Directions for Scheduling Inspections
- Good Neighbor Meeting Directions
- What's Next?

In order for your application to be accepted you **MUST** provide:

- Completed Application (including this packet)
- Conditional Surrender of License (if taking over a current license)
- Auxiliary Questionnaire Form (1 per each officer of the business and agent listed on the application)
- Schedule of Appointment of Agent
- Business Plan Questionnaire
- Proof of FEIN
- Proof of WI Sellers Permit

Before your license will be issued the following **MUST** be completed:

- Proof of Responsible Beverage Course
- Attend a Good Neighbor Meeting
- Attend a Public Safety and Licensing Committee Meeting
- Common Council Approval (it is not mandatory to attend this meeting)
- All department sign offs must be complete
 - It is your responsibility to call the people/departments listed below to setup appointments to have your premise inspected.
 - Environmental Health Department - located at City Hall in Room 1 (262) 636-9203
 - Building Department - located at City Hall in Room 304 (262) 636-9464
 - Fire Department - located in the City Public Safety Building (262) 635-7915
 - Good Neighbor Meeting - Schedule by calling (262) 636-9115

Business Name: HONORS PACINE LLC

Business Address: 1330 Washington Ave

DBA Name: _____

District: 3 Your Business Alder: Olivia Turquoise Davis Alder Phone: 262 770 5168

Printed Name: D. Elise Paschen Signature: D. Elise Paschen

*Your Public Safety and Licensing Date is tentative to when your record check and good neighbor meeting are completed.

BUSINESS PLAN QUESTIONNAIRE

Business Owner/ Ownership Entity Donna Elise Paschen / HONORS RACINE LLC

Trade Name Honors Racine LLC

Business Address 1330 Washington Ave

Website _____

Business Email Address _____

Agent Name D. Elise Paschen

Agent Home Address 3513 Washington Ave

Agent Emergency Contact Number 262 497 3432

Agent Email Address eckg @ bellsouth.net

Who intends to be mainly in charge of daily operations? Elise Paschen

Is your business currently open? Yes No

If no, please complete the following Statement of Intent:

I understand that the granting of this license would be conditional on my being able to operate within 6 months of common council approval. I intend to operate under the license within six months of common council approval. If I am not able to operate within 6 months, I may request a one-time extension of up to 3 months. If I am still not actively operating under the license within 9 months of common council approval, my license will be considered denied and I will have to re-apply for a new license. DEP Initials.

What is your estimated gross monthly revenue for each of the following categories:

4000 Alcoholic beverages

500 Food

— Other (please specify)

How many people do you intend to employ full time? 0-1

How many people do you intend to employ part time? 0

What is the square footage of the premise to be licensed? 1100 sq ft + same as basement

What is your best estimation of the value of the business? \$25,000

Please describe the current parking situation.

street parking and public lots at end of block

Please describe how you intend to handle crowds, during both regular business hours and at bar close.

Trained bartenders that know how to not over serve, de-escalate and manage

people safely out of the door and on their way home.

Describe the business that you are buying/opening.

Local bar with existing clientele

How will your establishment affect the quality of life for the citizens of Racine?

A SAFE place to come relax, unwind enjoy music and a drink.

Does the location that you are applying for already have an alcohol license? yes

If yes, what type of alcohol license? Class B

Are you or the corporation buying the building or leasing it? Buying / Leasing

Will you be doing any remodeling; and if so, what are your plans?

No

What type of experience do you have that would prepare you for this type of business?

~~Have~~ Have been running the business for several years, this is just a name change

What will your hours of operation be?

- Monday 7a - 2a
- Tuesday 7a - 2a
- Wednesday 7a - 2a
- Thursday 7a - 2a
- Friday 7a - 2:30a
- Saturday 7a - 2:30a
- Sunday 7a - 2a

Will you be offering food? If so, what type of menu will you have? Do you have a kitchen? (Please attach a copy of your menu if available)

Pre packaged food items, chips, nuts, popcorn, frozen pizzas. We have no menu, just "snacks"

How many customers do you expect on your busiest days? 30 or more

How do you intend to handle litter and garbage?

We provide garbage cans inside and outside the bar, including cigarette bins.

How will noise at the premise be addressed?

Yes, we currently follow all guidelines, and have no noise complaints

What is your security plan?

Proper training on service, deescalation techniques, and addressing potential problems before they become problems.

What type of video surveillance do you intend to have on the premise (please list equipment)?

9 cameras with DVR recording. Cameras cover 100% of the establishment and exterior, in high definition.

Will music be played at your location? Yes No

If yes, how will music be played? Jukebox Live DJ Radio Other

Account 3093

Bill #s 274 275
276 277
278

Form AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	
License Period	

License(s) Requested: (up to two boxes may be checked)

- Class "A" Beer \$ _____ Class "B" Beer \$ _____
 "Class A" Liquor \$ _____ "Class B" Liquor \$ _____
 "Class A" Liquor (cider only) \$ _____ Reserve "Class B" Liquor \$ _____
 "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$
Background Check Fee	\$
Publication Fee	\$
Total Fees	\$

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) HONORS RACINE LLC		
2. Business Trade Name or DBA		
3. FEIN 92-1149157	4. Wisconsin Seller's Permit Number 456-1031168692-02	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization		
6. State of Organization WI	7. Date of Organization 2023	8. Wisconsin DFI Registration Number 600-1031168692-03
9. Premises Address 1330 Washington Ave		
10. City Racine	11. State WI	12. Zip Code 53403
13. County Racine	14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: Racine	15. Aldermanic District
16. Premises Phone 262 800-1053	17. Premises Email	18. Website
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. 1100 sq feet with curved bar and coolers and TVs behind bar. 2 bathrooms at rear of building, 1 pool table and dart machine as well, 5 video poker machines throughout. Same sqft storage in basement.		
20. Mailing Address (if different from premises address)		
21. City	22. State	23. Zip Code

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. Yes No

If yes, list the details of violation below. Attach additional sheets if necessary.

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 pending against the business? Exclude traffic offenses unless related to alcohol . . Yes No beverages.

If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . . Yes No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? Yes No
If yes, provide the name(s) and FEIN(s) of the business entity owners below, Attach additional sheets as needed.

4a. Name of Business Entity	4b. Business Entity FEIN
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5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. Yes No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? Yes No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? Yes No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
Paschen	Donna Elise	Owner	262 497 3432

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 member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that 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. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further 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.

Last Name Paschen		First Name Donna Elise		M.I.
Title Owner / LLC Member		Email eckg@bellsouth.net		Phone 262 497 3432
Signature Donna Elise Paschen			Date 05/15/24	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk			Date Provisional License Issued (if applicable)

Alcohol Beverage Individual Questionnaire

Date

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information	
1. Legal Business Name (Individual name if sole proprietor) HONORS RACINE LLC	
2. Business Trade Name or DBA	
3. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	

Part B: Individual Information				
1. Last Name Paschen		2. First Name Donna Elise		3. M.I.
4. Relationship to Business (Title) Owner, LLC Member		5. Email eckg@bellsouth.net		6. Phone 262-497-3432
7. Home Address 3513 Washington Ave				
8. City Racine		9. State WI	10. Zip Code 53405	11. Date of Birth
12. Drivers License/State ID Number			13. Drivers License/State ID State of Issuance WI	

Part C: Address History					
1. Do you currently reside in Wisconsin? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
if yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?			<table border="1" style="width: 100%; text-align: center;"> <tr> <td>Years 7</td> <td>Months</td> </tr> </table>	Years 7	Months
Years 7	Months				
2. 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		
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.					
State LA	County Clayborne	State	County		
State LA	County Boeazier	State	County		

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) 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. Attach additional sheets as needed.

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) 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

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further 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 *Donna Elise Paschon* Date *05/15/24*

Schedule for Appointment of Agent by Corporation / Nonprofit Organization or Limited Liability Company

Submit to municipal clerk.

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by an officer of the corporation/organization or one member/manager of a limited liability company and the recommendation made by the proper local official.

To the governing body of: Town Village of Racine County of Racine
 City

The undersigned duly authorized officer/member/manager of Honors Racine LLC
(Registered Name of Corporation / Organization or Limited Liability Company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as Honors Racine
(Trade Name)

located at 1330 Washington Ave

appoints Donna Elise Paschen
(Name of Appointed Agent)

3513 Washington Ave Racine WI 53405
(Home Address of Appointed Agent)

to act for the corporation/organization/limited liability company with full authority and control of the premises and of all business relative to alcohol beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation/organization/limited liability company having or applying for a beer and/or liquor license for any other location in Wisconsin?

Yes No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).
Mr. KOOL SPORTS BAR LLC

Is applicant agent subject to completion of the responsible beverage server training course? Yes No

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 7 years

Place of residence last year 3513 Washington Ave Racine WI 53405

For: MR. KOOL SPORTS BAR LLC
(Name of Corporation / Organization / Limited Liability Company)

By: Donna Elise Paschen
(Signature of Officer / Member / Manager)

Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than \$1,000.

ACCEPTANCE BY AGENT

I, Donna Elise Paschen, hereby accept this appointment as agent for the
(Print / Type Agent's Name)

corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company.

Donna Elise Paschen 05/15/24 Agent's age _____
(Signature of Agent) (Date)

3513 Washington Ave Racine WI 53405 Date of birth _____
(Home Address of Agent)

APPROVAL OF AGENT BY MUNICIPAL AUTHORITY (Clerk cannot sign on behalf of Municipal Official)

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, the character, record and reputation are satisfactory and I have no objection to the agent appointed.

Approved on _____ by _____ Title _____
(Date) (Signature of Proper Local Official) (Town Chair, Village President, Police Chief)

FEE: \$100.00
RECORD CHECK: \$15

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NEW RENEWAL _____

APPLICATION FOR PUBLIC DANCE HALL LICENSE
LICENSE EXPIRES JUNE 30, 20__

The undersigned hereby applies for a license to conduct a Public Dance Hall at:

Honors Racine LLC in the City of Racine, Wisconsin, in accordance with the provisions of Chapter 22.09 of the Municipal Code of the City of Racine and has checked with the

Building Department on _____ to verify that this location is zoned properly for a Public Dance Hall.

- Name of individual, firm, partnership or corporation: HONORS RACINE LLC
- Names, residences and ages of the applicant if an individual, firm or partnership or of the principal Officers if a corporation or association:

NAME	RESIDENCE	DATE OF BIRTH
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<u>Donna Elise Paschen</u>	<u>3513 Washington Ave</u>	
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- The following person or persons are hereby designated as Manager of the said dance hall:

NAME	RESIDENCE	DATE OF BIRTH
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<u>same as above</u>		
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- The date and place of any conviction (if any) of an offense under Chapter 22.09 or under any similar law, ordinance or regulation of any person connected with this venture.

none.

- The name and address of the person owning the premises for which a license is sought:

same as above

Donna Elise Paschen
Signature of Applicant or Agent

Donna Elise Paschen
Please Print or Type Name

AMOUNT - \$5.00 "CLASS B" - \$10.00

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LICENSE Expires June 30, 20__
APPLICATION FOR NONINTOXICATING BEVERAGE LICENSE

I/WE HEREBY APPLY FOR A LICENSE TO SELL AND/OR SERVE IN THE CITY OF RACINE FROM DATE HEREOF UNTIL JUNE 30, 2019 (UNLESS SOONER REVOKED), BEVERAGES OF LESS THAN ONE-HALF (1/2) OF ONE (1) PER CENTUM OF ALCOHOL BY VOLUME SUBJECT TO THE LIMITATIONS IMPOSED BY SECTION 66.0433(1) OF THE WISCONSIN STATUTES, AND HEREBY AGREE TO COMPLY WITH ALL LAWS, RESOLUTIONS, ORDINANCES AND REGULATIONS AFFECTING THE SALE OF SUCH BEVERAGES.

PLEASE ANSWER THE FOLLOWING QUESTIONS FULLY AND COMPLETELY:

(Check One:) BUSINESS IS:

CORPORATION PARTNERSHIP INDIVIDUAL OTHER
(Please specify)

PLEASE SUPPLY:

LEGAL NAME OF BUSINESS (OWNER): Honors Racine LLC

TRADE NAME: _____

BUSINESS ADDRESS: 1330 Washington Ave

BUSINESS TELEPHONE: 262 800 1053 ZIP CODE 53403

HOME ADDRESS: 3513 Washington Ave

CITY Racine STATE WI ZIP CODE 53405

HOME TELEPHONE: 262 497 3432

Donna Elise Paschen
SIGNATURE OF APPLICANT

Donna Elise Paschen
(Please print SIGNATURE)

DATE OF BIRTH

SIGNATURE OF PARTNER (IF APPLIES)

(Please print SIGNATURE)

DATE OF BIRTH

FEE: \$40.00 FOR EACH DEVICE

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Expires June 30, 20__

APPLICATION FOR LICENSE TO OPERATE
JUKE BOXES, MECHANICAL AMUSEMENT DEVICES, VIDEO GAMES AND POOL TABLES

I/WE, hereby apply for a license to operate Juke Box, Mechanical Amusement Device and/or Video Game as defined in Sections 22-166 through 22-181 of the Municipal Code of the City of Racine from the date hereof until JUNE 30, 2019 (unless sooner revoked), subject to limitations thereof and supplementary thereto, and agree to comply with all laws, resolutions and ordinances adopted by the Common Council of the City of Racine pertaining to the same.

I certify that I am a resident of the State of Wisconsin continuously since 2016 ~~2015~~, and of the City of Racine continuously since 2017.

~~IF INDIVIDUAL:~~

NAME OF APPLICANT Donna Elise Paschen

ADDRESS OF APPLICANT 3513 ZIP _____

~~IF PARTNERSHIP:~~

NAME Honors Racine LLC STATE OF PARTNERSHIP WI

NAME AND COMPLETE ADDRESS OF ALL PARTNERS (use reverse side if more space is needed):

Donna Elise Paschen 3513 Washington Ave Racine WI 53405

~~IF CORPORATION, LLC, CLUB OR ASSOCIATION:~~

NAME Honors Racine LLC STATE OF INCORPORATION WI

NAME AND COMPLETE ADDRESS OF ALL OFFICERS:

NAME OF PERSON IN CHARGE: Donna Elise Paschen

TRADE NAME: Honors Racine LLC PHONE: 262 800 1053

ADDRESS OF BUSINESS: 1330 Washington Ave

NATURE OF BUSINESS CONDUCTED ON PREMISES: TAVERN OTHER _____

****GAMBLING MACHINES THAT PAY OUT MONEY ARE ILLEGAL AND MUST BE REMOVED FROM THE PREMISES. FAILURE TO DO SO CARRIES THE RISK OF PROSECUTION AND SUSPENSION/NON-RENEWAL/REVOCAION OF CITY-ISSUED LICENSES, DEPENDING ON THE TYPE OF LICENSE HELD.****

MECHANICAL

<u>No. of Devices</u>	<u>Description of type of device</u>	<u>Device location in the establishment</u>
# <u>1</u>	Type <u>Dart Machine</u> LOCATION <u>main floor</u>	
# _____	Type _____ LOCATION _____	
# _____	Type _____ LOCATION _____	
# _____	Type _____ LOCATION _____	
# _____	Type _____ LOCATION _____	

VIDEO GAMES

# <u>1</u>	Type <u>Video Poker</u> LOCATION <u>main floor</u>	
# <u>2</u>	Type <u>"</u> LOCATION <u>"</u>	
# <u>3</u>	Type <u>"</u> LOCATION <u>"</u>	
# <u>4</u>	Type <u>"</u> LOCATION <u>"</u>	
# <u>5</u>	Type <u>"</u> LOCATION <u>"</u>	

POOL TABLES

# <u>1</u>	Type <u>Pool Table</u> LOCATION <u>main floor</u>	
# _____	Type _____ LOCATION _____	

JUKE BOX

# <u>1</u>	Type <u>Ami Juke</u> LOCATION <u>main floor</u>	
# _____	Type _____ LOCATION _____	

Donna Carl Paschen
SIGNATURE OF APPLICANT

DATE OF BIRTH

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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) Honors Racine LLC			
2. Business Trade Name or DBA			
3. FEIN 92-1149157		4. Wisconsin Seller's Permit Number 456-1031168692-02	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation			
6. State of Organization WI		7. Date of Organization 2023	8. Wisconsin DFI Registration Number 600-1031168692-03
9. Premises Address (do not use PO Box) 1330 Washington Ave			
10. City Racine		11. State WI	12. Zip Code 53403
13. County Racine	14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: Racine		15. Aldermanic District 3
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. 1100 sq feet with curved bar, storage behind bar. same sq ft of basement basement storage.			

Part B: Questions	
1. What products will be sold at this business location? (check all that apply) <input type="checkbox"/> Cigarettes <input type="checkbox"/> Tobacco Products <input checked="" 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
Paschen	Donna Elise	Owner/Member	262 497 3432

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://wi.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 <i>Donna Elise Paschen</i>	Date <i>05/15/24</i>	
Name (Last, First, M.I.) <i>Paschen Donna Elise</i>		
Title <i>Owner/Member</i>	Email <i>eckg@bellsouth.net</i>	Phone <i>262 497 3432</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		

