

Bill # 2020
Bill # 2021
Bill # 2022
Bill # 2023
Bill # 2024

Customer B # 8939
Customer A # 8940
Business # 3511

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: WOODMANS FOOD MARKET INC

Business Address: 5430 DURAND AVE RACINE WI 53406

DBA Name: WOODMANS FOOD MARKET INC #45

District: 14 Your Business Alder: MARLO HARMON

Alder Phone: 262-221-8470

Printed Name: Clinton W Woodman Signature: 

*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 CLINTON W WOODMAN PRESIDENT

Trade Name WOODMANS FOOD MARKET INC #45

Business Address 5430 DURAND AVE RACINE WI 53406

Website WWW.WOODMANS-FOOD.COM

Business Email Address WOODMANS-FOOD.COM

Agent Name BRITTANY JORDAN

Agent Home Address 3553 RIVER BEND DR

Agent Emergency Contact Number 608-449-2068

Agent Email Address BRITTANY.JORDAN@WOODMANS-FOOD.COM

Who intends to be mainly in charge of daily operations? BRITTANY JORDAN STORE MANAGER

Is your business currently open? Yes ☒

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. CWW Initials.

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

\$900,000.00 Alcoholic beverages

\$9,000,000.00 Food

\$1,000,000.00 Other (please specify) fuel

How many people do you intend to employ full time? 100-120

How many people do you intend to employ part time? 130-150

What is the square footage of the premise to be licensed? 264,000 square feet

What is your best estimation of the value of the business? \$100,000,000

Please describe the current parking situation.

617 parking stalls in addition to 24 handicapped stalls, totalling 641 parking stalls

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

N/A

Describe the business that you are buying/opening.
RETAIL GROCERY STORE

How will your establishment affect the quality of life for the citizens of Racine?
RETAIL GROCERY STORE WITH GAS STATION AND CAR WASH. CUSTOMERS MAY USE SNAP BENEFITS AS WELL AS WIC, ALSO PROVIDING HUNDREDS OF JOBS.

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

If yes, what type of alcohol license? CLASS A

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?

BRAND NEW BUILDING

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

THIS IS WOODMAN'S 20TH STORE, WE'VE BEEN IN BUSINESS FOR OVER 100 YEARS.

What will your hours of operation be?

- Monday 24/7
- Tuesday 24/7
- Wednesday 24/7
- Thursday 24/7

- Friday 24/7
- Saturday 24/7
- Sunday 24/7

CLOSED CHRISTMAS DAY

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)

N/A

How many customers do you expect on your busiest days? 7500

How do you intend to handle litter and garbage?

The store will have cleaning crews during the day, and evening shifts. There will also be a company to handle the parking lot multiple times a week.

How will noise at the premise be addressed?

NOT SURE THIS APPLIES FOR A GROCERY STORE

What is your security plan?

ONSIGHT ALARMS AS WELL AS 24 HOUR VIDEO SURVEILLANCE

WELL LIT PARKING LOT

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

MILESTONE

Will music be played at your location? Yes ☒

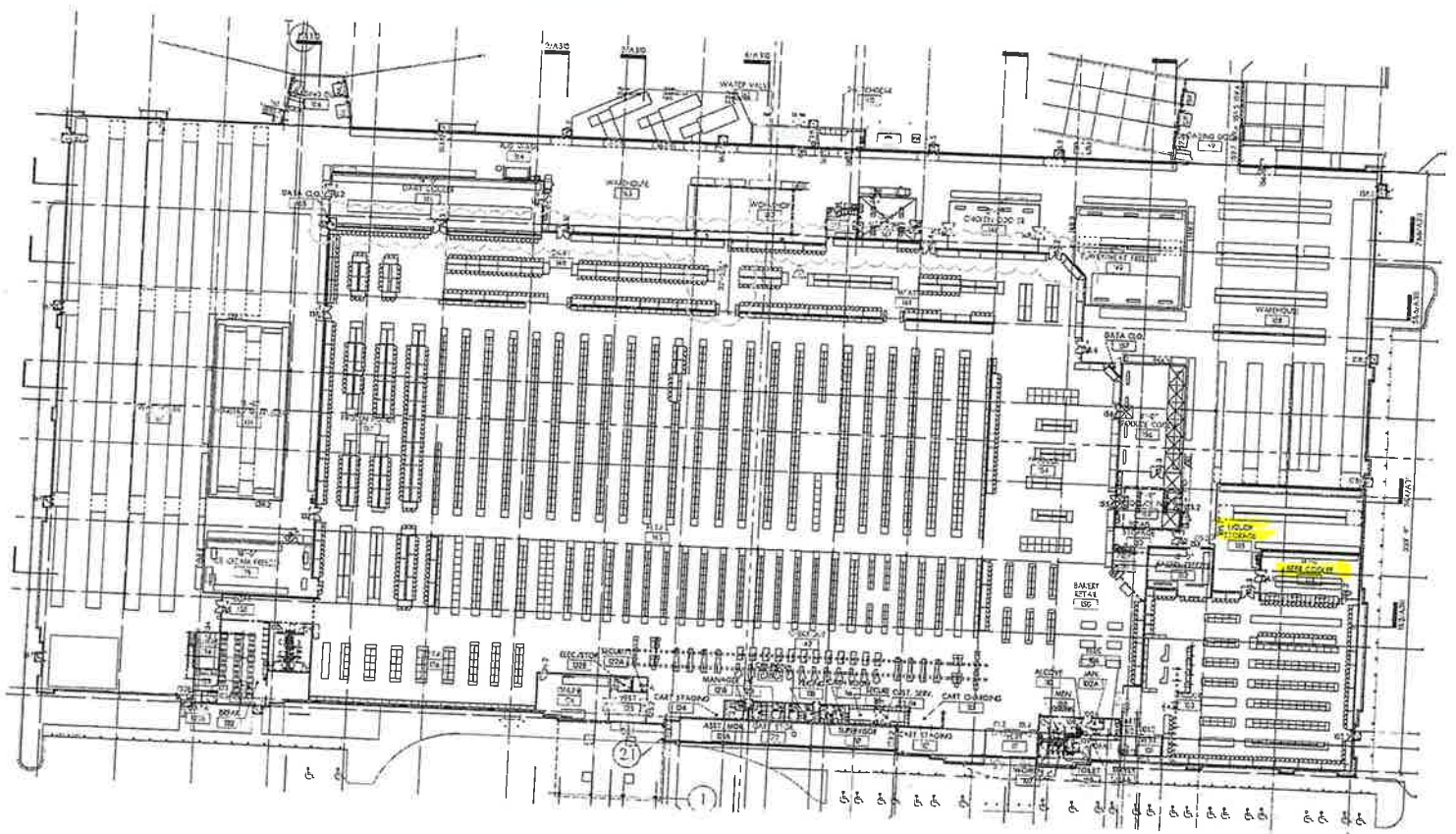
If yes, how will music be played? Jukebox Live DJ Radio Other

Woodman's Racine Floor plan

- 243,000 SQFT

- Liquor will only be displayed in Liquor Store 103

- Liquor will be stored in Liquor Storage 105 and Beer Cooler 104



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	\$600.00
Background Check Fee	\$ 60.00
Publication Fee	\$ 50.00
Total Fees	\$ 710.00

Part A: Premises/Business Information

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

WOODMAN'S FOOD MARKET INC

2. Business Trade Name or DBA

WOODMANS FOOD MARKET INC #45

3. FEIN

39-0887447

4. Wisconsin Seller's Permit Number

456-0000254644-03

5. Entity Type (check one)

☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☒ Corporation ☐ Nonprofit Organization

6. State of Organization

WI

7. Date of Organization

7/11/1955

8. Wisconsin DFI Registration Number

1W07850

9. Premises Address

5430 DURAND AVE

10. City

RACINE

11. State

WI

12. Zip Code

53406

13. County

RACINE

14. Governing Municipality

of RACINE

☒ City ☐ Town ☐ Village

15. Aldermanic District

14

16. Premises Phone

17. Premises Email

licensing@woodmans-food.com

18. Website

WOODMANS-FOOD.COM

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.

LIQUOR INVOICES WILL BE KEPT IN A FILE CABINET BEHIND THE LIQUOR DEPARTMENT
THE LIQUOR DEPARTMENT IS LOCATED TO THE RIGHT OF THE MAIN ENTRANCE

20. Mailing Address (if different from premises address)

2631 LIBERTY LANE

21. City

JANESVILLE

22. State

WI

23. Zip Code

53545

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	

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	\$600.00
Background Check Fee	\$ 60.00
Publication Fee	\$ 50.00
Total Fees	\$ 710.00

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) WOODMAN'S FOOD MARKET INC			
2. Business Trade Name or DBA WOODMANS FOOD MARKET INC #45			
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 <input type="checkbox"/> Nonprofit Organization			
6. State of Organization WI		7. Date of Organization 7/11/1955	
8. Wisconsin DFI Registration Number 1W07850			
9. Premises Address 5430 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. Premises Phone	
17. Premises Email licensing@woodmans-food.com		18. Website WOODMANS-FOOD.COM	
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. LIQUOR INVOICES WILL BE KEPT IN A FILE CABINET BEHIND THE LIQUOR DEPARTMENT THE LIQUOR DEPARTMENT IS LOCATED TO THE RIGHT OF THE MAIN ENTRANCE			

20. Mailing Address (if different from premises address)
2631 LIBERTY LANE

21. City
JANESVILLE

22. State
WI

23. Zip Code
53545

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

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No
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

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
WOODMAN	CLINTON	PRESIDENT	608-754-8382
POPP	KRISTIN	VP/TREAS/SECT	608-290-0092
WOODMAN	WILLARD	CEO	608-754-8382
JORDAN	BRITTANY	STORE MANAGER	

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: WOODMAN
First Name: CLINTON
M: W
Title: PRESIDENT
Signature: 
Email: licensing@woodmans-food.com
Phone: 608-754-8382
Date: 6-10-25

Part E: For Clerk Use Only

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

Form
AB-100

Alcohol Beverage Individual Questionnaire

Date _____

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

- sole proprietor
- all officers, directors and agent of a corporation or nonprofit organization
- all partners of a partnership
- 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)

WOODMANS FOOD MARKET INC

2. Business Trade Name or DBA

WOODMANS FOOD MARKET INC #45

3. Entity Type (check one)

☐ Sole Proprietor

☐ Partnership

☐ Limited Liability Company

☒ Corporation

☐ Nonprofit Organization

Part B: Individual Information

1. Last Name

WOODMAN

2. First Name

CLINTON

3. M.I.

W

4. Relationship to Business (Title)

PRESIDENT

5. Email

licensing@woodmans-food.com

6. Phone

608-754-8382

7. Home Address

16 FULLER COURT

8. City

MADISON

9. State

WI

10. Zip Code

53704

11. Date of Birth

12. Drivers License/State ID Number

1

13. Drivers License/State ID State of Issuance

WI

Part C: Address History

1. Do you currently reside in Wisconsin?

☒ Yes

☐ No

If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?

Years
48

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	County	State	County	State	County	State	County
State	County	State	County	State	County	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?

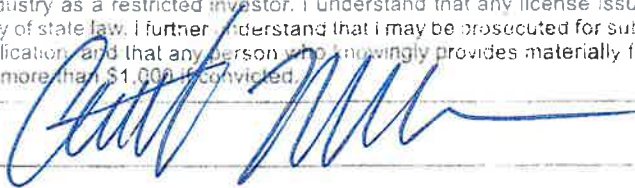
☐ Yes ☒ No

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



Date

6-10-25

Form
AB-100

Alcohol Beverage Individual Questionnaire

Date _____

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

- sole proprietor
- all officers, directors, and agent of a corporation or nonprofit organization
- all partners of a partnership
- 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)

WOODMANS FOOD MARKET INC

2. Business Trade Name or DBA

WOODMANS FOOD MARKET INC #45

3. Entity Type (check one)

☐ Sole Proprietor

☐ Partnership

☐ Limited Liability Company

☒ Corporation

☐ Nonprofit Organization

Part B: Individual Information

1. Last Name
POPP

2. First Name
KRISTIN

3. M.I.
L

4. Relationship to Business (Title)
VP/TREAS/SECT

5. Email
licensing@woodmans-food.com

6. Phone
608-290-0092

7. Home Address
5631 LILLY LANE

8. City
MILTON

9. State
WI

10. Zip Code
53563

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? ☒ Yes ☐ No

If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?

Years **26** 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	County	State	County	State	County	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 	Date 6/10/2025
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Form
AB-100

Alcohol Beverage Individual Questionnaire

Date

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

- sole proprietor
- all officers, directors, and agent of a corporation or nonprofit organization
- all partners of a partnership
- 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)

WOODMANS FOOD MARKET INC

2. Business Trade Name or DBA

WOODMANS FOOD MARKET INC #45

3. Entity Type (check one)

☐ Sole Proprietor

☐ Partnership

☐ Limited Liability Company

☒ Corporation

☐ Nonprofit Organization

Part B: Individual Information

1. Last Name

WOODMAN

2. First Name

WILLARD

3. M.I.

P

4. Relationship to Business (Title)

CEO

5. Email

licensing@woodmans-food.com

6. Phone

608-754-8382

7. Home Address

1008 BAY AVE

8. City

MADISON

9. State

WI

10. Zip Code

53704

11. Date of Birth

12. Drivers License/State ID Number

13. Drivers License/State ID State of Issuance
WI

Part C: Address History

☒ Yes ☐ No

1. Do you currently reside in Wisconsin?

If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?

Years
82

Months

2. 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			

3. 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: Criminal History

* 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

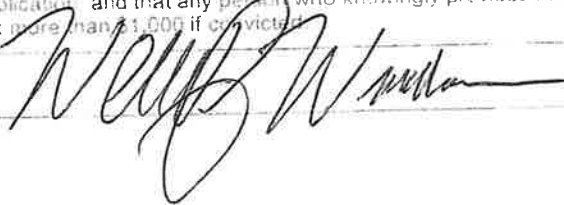
2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? ☐ Yes ☒ No

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



Date

6-10-25



OPERATOR'S LICENSE

No. 24-116

WHEREAS, the local governing body of the City of Oak Creek, County of Milwaukee, State of Wisconsin, has upon application duly made, granted and authorized the issuance of an "Operator's" license to:

BRITTANY M. JORDEN

AND, WHEREAS, the said applicant has paid to the Treasurer the sum of \$100.00 as required by local ordinances and has complied with all requirements necessary for obtaining a license.

(OVER)

NOW, THEREFORE, an Operator's License pursuant to Sec. 125.32(2) and 125.68(2) of the Wisconsin Statutes, and local ordinances, is hereby issued to said applicant for the period ending June 30, 2026.



WI Dept. of Revenue
Excise Tax Bureau

Given under my hand and the corporate seal of the City of Oak Creek County of Milwaukee, State of Wisconsin, dated 6/14/24.

City Clerk

Form
AB-100

Alcohol Beverage Individual Questionnaire

Date _____

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

- sole proprietor
- all officers, directors, and agent of a corporation or nonprofit organization
- all partners of a partnership
- 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)

WOODMANS FOOD MARKET INC

2. Business Trade Name or DBA

WOODMANS FOOD MARKET INC #45

3. Entity Type (check one)

☐ Sole Proprietor

☐ Partnership

☐ Limited Liability Company

☒ Corporation

☐ Nonprofit Organization

Part B: Individual Information

1. Last Name

JORDAN

2. First Name

BRITTANY

3. M.I.

M

4. Relationship to Business (Title)

STORE MANAGER

5. Email

BRITTANY.JORDAN@WOODMANS-FOOD.COM

6. Phone _____

7. Home Address

3553 RIVER BEND DR

8. City

RACINE

9. State

WI

10. Zip Code

53404

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? ☒ Yes ☐ No

If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?

Years _____ Months _____

36

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	County	State	County	State	County	State	County
State	County	State	County	State	County	State	County

Continued →

Part D: Criminal History

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



Date

6-10-25

Alcohol Beverage
Appointment of Agent

Date

Agent Type (check one)

- ☒ Original (no fee) ☐ Successor (\$10 fee for municipal licensees only)

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)
WOODMANS'S FOOD MARKET INC
2. Business Trade Name or DBA
WOODMANS FOOD MARKET INC #45
3. Entity Type (check one) ☐ Limited Liability Company ☒ Corporation ☐ Nonprofit Organization
4. Alcohol Beverage Business Authorization (check one)
☒ Municipal Retail License ☐ State Permit
5. If successor agent, provide State Permit or Municipal Retail License Number
6. Describe the reason for appointing a successor agent, if successor is checked above.

New store

Part B: Agent Information

1. Last Name
JORDAN
2. First Name
BRITTANY
3. M.I.
M
4. Email
BRITTANY.JORDAN@WOODMANS-FOOD.COM
5. Phone
6. Home Address
3553 RIVER BEND DR
7. City
RACINE
8. State
WI
9. Zip Code
53404-1557
10. Age
11. Drivers License/State ID Number
12. Drivers License/State ID State of Issuance
WI


Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement?
Submit proof of completion. ☒ Yes ☐ No
2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire?
Submit a completed Form AB-100 with this form. ☒ Yes ☐ No
3. Have you been a Wisconsin resident for at least 90 continuous days?
See instructions for exceptions. ☒ Yes ☐ No

Continued →

Part D: Business Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named 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.

Last Name WOODMAN	First Name CLINTON	M.I. W
Title PRESIDENT	Email LICENSING@WOODMANS-FOOD.COM	Phone 608-754-8382
Signature 		Date 6/10/25

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities 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 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 JORDAN	First Name BRITTANY	M.I. M
Signature 		Date 6-10-25

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

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): WOODMANS FOOD MARKET INC

TRADE NAME: WOODMANS FOOD MARKET INC #45

BUSINESS ADDRESS: 5430 DURAND AVE RACINE WI

BUSINESS TELEPHONE: 608-449-2068 (cell phone)

ZIP CODE 53406

HOME ADDRESS: CORPORATE ADDRESS 2631 LIBERTY LN

CITY JANESVILLE

STATE WI

ZIP CODE 53545

HOME TELEPHONE: 608-754-8382

SIGNATURE OF APPLICANT

Clinton W Woodman President
(Please print SIGNATURE)

DATE OF BIRTH

SIGNATURE OF PARTNER (IF APPLIES)

Kristin L Popp VP/Treas/Sect
(Please print SIGNATURE)

DATE OF BIRTH

FEE: \$40.00 FOR EACH DEVICE

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 1988, and of the City of Racine continuously since RACINE COUNTY 2015.

IF INDIVIDUAL:

NAME OF APPLICANT WOODMANS FOOD MARKET INC #45 OPENING MID AUGUST 2025

ADDRESS OF APPLICANT 5430 DURAND AVE RACINE WI ZIP 53406

IF PARTNERSHIP:

NAME N/A

STATE OF PARTNERSHIP _____

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

IF CORPORATION, LLC, CLUB OR ASSOCIATION:

NAME WOODMANS FOOD MARKET INC

STATE OF INCORPORATION WI 7/11/1955

NAME AND COMPLETE ADDRESS OF ALL OFFICERS:
CLINTON W WOODMAN 16 FULLER CT MADISON WI 53704 --PRESIDENT

KRISTIN L POPP 5631 LILLY LANE MILTON WI 53563-- VP/SECT/TREAS

WILLARD P WOODMAN 1008 BAY DR MADISON 53704--CEO

ALL APPLICANTS:

NAME OF PERSON IN CHARGE: BRITTANY JORDAN

TRADE NAME: WOODMANS FOOD MARKET INC #45

ADDRESS OF BUSINESS: 5430 DURAND AVE RACINE WI 53406 PHONE: 608-449-2068

NATURE OF BUSINESS CONDUCTED ON PREMISES: TAVERN

OTHER ☒

RETAIL GROCERY STORE

****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/REVOCATION 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>
# 1	Type CLAW MACHINE	LOCATION UNDECIDED, WILL BE AT AN ENTRANCE/EXIT
#	Type	LOCATION
#	Type	LOCATION
#	Type	LOCATION
#	Type	LOCATION

VIDEO GAMES

#	Type	LOCATION
#	Type	LOCATION
#	Type	LOCATION
#	Type	LOCATION
#	Type	LOCATION

POOL TABLES

#	Type	LOCATION
#	Type	LOCATION

JUKE BOX

#	Type	LOCATION
#	Type	LOCATION


SIGNATURE OF APPLICANT

STORE MANAGER

DATE OF BIRTH 9/3/1988

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

3. FEIN

39-0887447

4. Wisconsin Seller's Permit Number

456-0000254644-03

5. Entity Type (check one)

☐ Sole Proprietor

☐ Partnership

☐ Limited Liability Company

☒ Corporation

6. State of Organization

WI

7. Date of Organization

7/11/1955

8. Wisconsin DFL Registration Number

1W07850

9. Premises Address (do not use PO Box)

5430 DURAND AVE

10. City

RACINE

11. State

WI

12. Zip Code

53406

13. County

RACINE

14. Governing Municipality: ☒ City ☐ Town ☐ 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)

☐ 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
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.
()
- 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	6-10-25
Name (Last, First, MI)			
WOODMAN, CLINTON W			
Title	Email	Phone	
PRESIDENT	licensing@woodmans-food.com	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

Part A: 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

3. Entity Type (check one)

☐ Sole Proprietor

☐ Partnership

☐ Limited Liability Company

☒ Corporation

Part B: Individual Information

1. Name (Last)
WOODMAN

2. Name (First)
CLINTON

3. Name (M.I.)
W

4. Relationship to Business (Title)
PRESIDENT

5. Email
licensing@woodmans-food.com

6. Phone
608-754-8382

7. Home Address
16 FULLER COURT

8. City
MADISON

9. State
WI

10. Zip Code
53704

11. Date of Birth

12. Drivers License/State ID Number

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	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

Form
CTV-101

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

3. Entity Type (check one)

☐ Sole Proprietor

☐ Partnership

☐ Limited Liability Company

☒ Corporation

Part B: Individual Information

1. Name (Last)
POPP

2. Name (First)
KRISTIN

3. Name (M.I.)

4. Relationship to Business (Title)
VP/Treas/Sect

5. Email
licensing@woodmans-food.com

6. Phone
608-290-0092

7. Home Address
5631 LILLY LANE

8. City
MILTON

9. State
WI

10. Zip Code
53563

11. Date of Birth

12. Drivers License/State ID Number

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 *	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 →

Form
CTV-101

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

Date

Part A: 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
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)	WOODMAN	2. Name (First)	WILLARD	3. Name (M.I.)	P
4. Relationship to Business (Title)	CEO	5. Email	licensing@woodmans-food.com	6. Phone	608-754-8382
7. Home Address	1008 BAY AVE				
8. City	MADISON	9. State	WI	10. Zip Code	53704
11. Date of Birth		12. Drivers License State ID Number		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	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

Law Ordinance Violated

Location

Was sentence completed?

☐ Yes ☐ No

Trial Date

Penalty Imposed

Law Ordinance Violated

Location

Was sentence completed?

☐ Yes ☐ No

Trial Date

Penalty Imposed

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

Signature of Local Official

Title

Date

Form
CTV-101

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

Date

Part A: 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
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)	JORDAN	2. Name (First)	BRITTANY	3. Name (M.I.)	M
4. Relationship to Business (Title)	STORE MANAGER	5. Email	BRITTANY.JORDAN@WOODMANS-FOOD.COM	6. Phone	608-449-2068
7. Home Address	3553 RIVER BEND DR	8. City	RACINE	9. State	WI
10. Zip Code	53404	11. Date of Birth		12. Drivers License State ID Number	WI
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	City	State	Zip Code
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 checked="" type="checkbox"/> No
Law Ordinance Violated	Location	Trial Date	Penalty Imposed	Was sentence completed?
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Law Ordinance Violated	Location	Trial Date	Penalty Imposed	Was sentence completed?
				<input type="checkbox"/> Yes <input checked="" 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

Signature of Local Official

Title

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

8. State

WI

9. Zip Code

53404

10. Date of Birth

11. Drivers License/State ID Number

12. Drivers License/State ID State of Issuance
WI

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.

2. If this is a change of agent, please describe the reason for the agent change. Attach additional sheets if necessary.

☒ Yes

☐ No

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

3. Entity Type (check one)

☐ Limited Liability Company

☒ Corporation

4. Premises Address

5430 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 (owner, 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

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 LIQUOR DEPT

3. FEIN

39-0887447

4. Wisconsin Seller's Permit Number

456-0000254644-03

5. Entity Type (check one)

☐ Sole Proprietor

☐ Partnership

☐ Limited Liability Company

☒ Corporation

6. State of Organization

WI

7. Date of Organization

7/11/1955

8. Wisconsin DFI Registration Number

1W07850

9. Premises Address (do not use PO Box)

5430 DURAND AVE

10. City

RACINE

11. State

WI

12. Zip Code

53406

13. County

RACINE

14. Governing Municipality: ☒ City

☐ Town

☐ 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 AVE
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)

☐ 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:

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 LIQUOR DEPT

3. FEIN

39-0887447

4. Wisconsin Seller's Permit Number

456-0000254644-03

5. Entity Type (check one)

☐ Sole Proprietor

☐ Partnership

☐ Limited Liability Company

☒ Corporation

6. State of Organization

WI

7. Date of Organization

7/11/1955

8. Wisconsin DFI Registration Number

1W07850

9. Premises Address (do not use PO Box)

5430 DURAND AVE

10. City

RACINE

11. State

WI

12. Zip Code

53406

13. County

RACINE

14. Governing Municipality: ☒ City

☐ Town

☐ 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 AVE
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)

☒ 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
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. (Wisconsin Department of Health Services).
- 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

6-10-25

Name (Last, First, M.I.)

WOODMAN, CLINTON W

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

Part A: 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 LIQUOR
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) WOODMAN	2. Name (First) CLINTON	3. Name (MI) W
4. Relationship to Business (Title) PRESIDENT	5. Email licensing@woodmans-food.com	6. Phone 608-754-8382
7. Home Address 16 FULLER COURT	8. State WI	9. Zip Code 53704
10. City MADISON	11. Date of Birth	12. Drivers License/State ID Number
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	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		
Law Ordinance Violated	Location	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Penalty Imposed		Trial Date
Law Ordinance Violated	Location	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Penalty Imposed		Trial Date
Law Ordinance Violated	Location	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Penalty Imposed		Trial Date

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

Form
CTV-101

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 LIQUOR
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)	POPP	2. Name (First)	KRISTIN	3. Name (M.I.)	
4. Relationship to Business (Title)	VP/Treas/Sect	5. Email	licensing@woodmans-food.com	6. Phone	608-290-0092
7. Home Address	5631 LILLY LANE	8. City	MILTON	9. State	WI
10. Zip Code	53563	11. Date of Birth		12. Driver's License State ID Number	
13. Driver's 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	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

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

Law Ordinance Violated

Location

Was sentence completed?

☐ Yes ☐ No

Penalty Imposed

Trial Date

Law Ordinance Violated

Location

Was sentence completed?

☐ Yes ☐ No

Penalty Imposed

Trial Date

Was sentence completed?

☐ Yes ☐ 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

Kristin Copp

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

Form
CTV-101

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

Date

Part A: 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 LIQUOR
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)	WOODMAN	2. Name (First)	WILLARD	3. Name (Middle)	P
4. Relationship to Business (Title)	CEO	5. Email	licensing@woodmans-food.com	6. Phone	608-754-8382
7. Home Address	1008 BAY AVE				
8. City	MADISON	9. State	WI	10. Zip Code	53704
11. Date of Birth					
12. Drivers License/State ID Number		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	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

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

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 cigarettes, 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

Form
CTV-101

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

Date

Part A: 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 LIQUOR

3. Entry Type (check one)

☐ Sole Proprietor

☐ Partnership

☐ Limited Liability Company

☒ Corporation

Part B: Individual Information

1. Name (Last)

JORDAN

2. Name (First)

BRITTANY

3. Name (M.I.)

M

4. Relationship to Business (Title)

STORE MANAGER

5. Email

BRITTANY.JORDAN@WOODMANS-FOOD.COM

6. Phone

608-449-2068

7. Home Address

3553 RIVER BEND DR

8. City

RACINE

9. State

WI

10. Zip Code

53404

11. Date of Birth

12. Driver's License State ID Number

13. Driver's 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

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 →

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		8. State WI
		9. Zip Code 53404
10. Date of Birth	11. Drivers License/State ID Number	12. Drivers License/State ID State of Issuance WI

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 LIQUOR		
3. Entity Type (check one) <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation		
4. Premises Address 5430 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

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

B2S - 1772



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 Woodman's Food Market Inc

BUSINESS TRADE NAME Woodman's Food Market Inc #45

BUSINESS ADDRESS 5430 DURAND AVE RACINE WI

HOURS OF OPERATION 24/7 (closed Christmas day)

NUMBER OF EMPLOYEES 230-270 (full and part time)

TYPE OF BUSINESS THE LOCATION WAS AND WHAT IS YOU ARE APPLYING FOR

Building was built 2025. Occupancy license

ADDITIONAL COMMENTS Retail grocery store

APPLICANT'S NAME CLINTON W WOODMAN

ADDRESS 16 FULLER CT MADISON WI 53704

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

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 