

#### **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)
- $\mathbf{X}$  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
  - this 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 Thone: 262-221 8470

Printed Name: Clinton W Woodman Signature:

<sup>\*</sup>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 a one-time extension of up to 3 months. If I am not able to operate within 6 months, I may request within 9 months of common council approval, my license will be considered denied and I will
venat is you estimated gross monthly revenue for each of the following and a second se
\$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
riedse describe the current parking situation
617 parking stalls in addition to 24 handicapped stalls, totalling 641 parking stalls
3 Parking Stalls
Please describe how you intend to handle crowds, during both regular business hours and at bar close. N/A

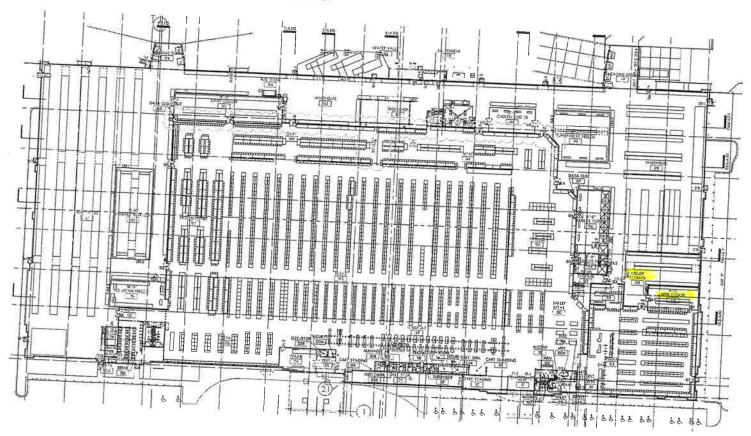
RETAIL	e business that you are buying/opening. - GROCERY STORE	
	- SHOOLIN STORE	
How will your RETAIL GROC	r establishment affect the quality of life for the citizens of Racine? CERY STORE WITH GAS STATION AND CAR WASH. CUSTOMERS MAY USE SNAP BENEFITS AS WE INDREDS OF JOBS.	
PROVIDING HUI	JNDREDS OF JOBS.	ELL AS WIC, AL
Does the locati	tion that you are applying for already have an alcohol license?  APPLIED FOR	
f yes, what typ	pe of alcohol license? CLASS A	
as And DL FILE	corporation buying the building or leasing it? Buying / Leasing	
Vill you be doi:	ing any remodeling; and if so, what are your plans?	
BRAND	ID NEW BUILDING	
100	ID NEW BUILDING	
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hat type of exp	sperience do you have that would prepare you for this type of business?	7.71
hat type of exp TI		
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nat will your ho  N Ti W Th	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.  Ours of operation be?  Monday 24/7  Fuesday 24/7  Vednesday 24/7  Saturday 24/7  Sunday 24/7  Sunday 24/7	copy of your

y .

	many customers do you expect on your busiest days? 7500
How c	to you intend to handle litter and garbage?
The s	store will have cleaning crews during the day, and evening shifts. There will also be a company to hand
the pa	arking lot multiple times a week.
low w	ill noise at the premise be addressed?
NOT S	SURE THIS APPLIES FOR A GROCERY STORE
	A TILLS FOR A GROCERY STORE
hat is	
	your security plan?
NSIGH	T ALARMS AS WELL AS 24 HOUR VIDEO SURVEILI ANCE
NSIGH	your security plan? T ALARMS AS WELL AS 24 HOUR VIDEO SURVEILLANCE LIT PARKING LOT
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NSIGH WELL	T ALARMS AS WELL AS 24 HOUR VIDEO SURVEILLANCE  LIT PARKING LOT  e of video surveillance do you intend to have on the premise (please list equipment)?  MILESTONE
NSIGH WELL	T ALARMS AS WELL AS 24 HOUR VIDEO SURVEILLANCE  LIT PARKING LOT  e of video surveillance do you intend to have on the premise (please list equipment)?  MILESTONE

### 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



SITE CALCULATIONS.
EXISTENCE 20 CONTROL SHOPPING DISTRICT PROPOSED PUD ZONING

NO YARD SETRICKS REQUIRED FOR HON-RESIDENTIAL USES IN B2 COM-DISTRICT ZOWARD.

GROSS BUILDING AREA = 243 200 SF.
FLODR APEA RATIO MAY 4.0
LIGIT COVERAGE N/A

#### PARKING CALCULATIONS

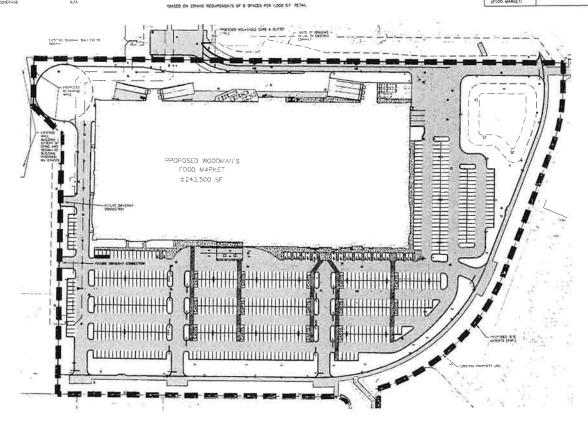
GROSS GUILDING AREA = 243 500 S.F.

WOW.

#### LANDSCAPED AREA INFORMATION SITE STATISTICS

PERSONAL AREA COMPAREDY

SITE DAFA	4764	COVERAGE
CHOMAL SIE AREA CHOCO WARNET)	824 370 SF (18 0 AC)	100%
WERYIOUS AREA (FOCO MARKEY)	700,385 SF (16,1 AC)	85.0%
PERMOUS /REA (FOOD MARKET)	123,887 SP (\$4 AC)	19.0%



## Form **AB-200**

### Alcohol Beverage License Application

	For	Municipa	l Use	Only	
Munic	pality				
Licens	se Perio	od			

License(s) Requested: (up to two boxes ma			Γ		Fees	
Class "A" Beer \$				License Fe	es	s600.00
*Class A" Liquor	Class B" Liquor .		-	Backgroun	d Check Fee	s 60.00
"Class A" Liquor (cider only) \$	Reserve "Class B"	Liquor \$	_ [	Publication	Fee	s 50.00
Class C' Liquor (wine only) \$				Total Fees		s 710.00
Part A: Premises/Business Information 1. Legal Business Name (individual name if sole p						
WOODMAN'S FOOD MARKET INC  2. Business Trade Name or DBA						
WOODMANS FOOD MARKET INC #	#45 	4. Wisconsin Selle	D	nit Miranh ne		
3, FEIN 39-0887447		456-0000254				
5 Entity Type (check one)	man or at a real day		1.		Fin Name	Tra O
Sole Proprietor Partnership	Limited Liability			poration	DFI Registration	fit Organization
6 State of Organization WI	7. Date of Organization 7/11/1955	3D	,	1W07850		SE HUIDOCI
9 Premises Address 5430 DURAND AVE						
10 City RACINE				11 State <b>VI</b>	12, Zip Code <b>53406</b>	
13. County  RACINE	14. Governing Municip of RACINE	ality City [	Town	∭ Village	15. Aldermani 14	c District
16, Premises Phone	17. Premises Email	L		18 Web	site NS-FOOD.COM	
19 Premises Description - Describe the building are kept. Describe all rooms within the building only on the premises described in this application in the cabinet Behling The LIQUOR DEPARTMENT IS LOCATED TO THE RIGHT OF	g, including living quarters tion. Altach a map or diag	s, Authorized alcono gram and additional	oi bever	age activitie	s and storage :	and related records of records may occur
20 Mailing Address (if different from premises add	dress)					
2631 LIBERTY LANE						
21 City			- 11	22, State WI	23 Zip Code 53545	
JANESVILLE Part B: Questions			1		30040	
Has the business (sole proprietorship, par violating federal or state laws or local ording tyes, list the details of violation below. At	inances? Exclude traffi	c offenses unless	orporat relate	ion) been o d to alcoho	onvicted of I beverages	∏ Yes ☐ No
If yes, list the details of violation below. At Law Ordinance Violated	Location	n necessary		Ti	ial Date	
Eawlord a ree violates	E SOBRION					
Penalty Imposed		; Wa	as sent	ence comp	leted?	Yes No
Law/Ordinance Violated	Location			F	ial Date	
Penalty imposen		Wa	as senl	ence comp	leted?	Yes No

## Form AB-200

## Alcohol Beverage License Application

For Municipal Use	Only
Municipality	
License Period	

	nay be checked)				Fees	
Class "A" Beer \$	☐ Class "B" Beer .	\$		License I		\$600.00
*Class A" Liquor \$	☐ "Class B" Liquor	\$			Ind Check Fee	
Class A" Liquor (cider only) \$	Reserve "Class E					\$ 60.00
"Class C" Liquor (wine only) \$		q=0,		Publication	on Fee	\$ 50.00
				Total Fee	s	s 710.00
Part A: Premises/Business Informati	on					
<ol> <li>Legal Business Name (individual name if sole p WOODMAN'S FOOD MARKET INC</li> </ol>	roprietorship)					
<ol> <li>Business Trade Name or DBA WOODMANS FOOD MARKET INC #</li> </ol>	445					
3. FEIN 39-0887447				ermit Number		
5. Entity Type (check one)		456-000	025464	4-03 		
Sole Proprietor Partnership	Limited Liabilit	y Company	<b>X</b> o	Corporation	☐ Nongrafi	t Organization
6. State of Organization WI	7. Date of Organizati			and the same of th	n DFI Registration	
9. Premises Address	7/11/1955	· · · · · · · · · · · · · · · · · · ·		1W0785		
5430 DURAND AVE						
ID. City				11. State	12. Zip Code	
RACINE				Wi	53406	
3. County RACINE	14. Governing Municip of: RACINE	pality: XCity	☐ Town	r 🗍 Village	15. Aldermanic	District
6. Premises Phone	17. Premises Email	***************************************		18. Wet	site	
	liconcing@wood		000	WOODM	NS-FOOD.COM	
Premises Description - Describe the building or	licensing@wood					
only on the premises described in this application	buildings where alcohol including living quarters on. Attach a map or diago	l beverages ar c. Authorized a ram and additi	e produce	erane activitie	e and elorade of r	nd related records records may occur
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1/	enses pending against the business?	exclude trainc offenses unless rela	ated to alcoho
li yes, describe ine natu	ire and status of pending charges usin		Yes Yes
	For any charges using	ng the space below. Attach addition	nal sheets as needen
<ol><li>Is the applicant business</li></ol>	s or any of its officers, directors, men estricted investor with any interest in of the restricted investor and		
If we provide the air	s or any of its officers, directors, men restricted investor with any interest in of the restricted investor and describ	ibers, agent, employees, pwners	Of other and
mes provide the name	estricted investor with any interest in of the restricted investor and describ	on alcohol beverage producer or	distributor?
		of the nature of the interest.	les N
d is the application			
i yes, provide the pamers	Dwned by another business entity? ) and FE!N(s) of the pusiness entity o		
to Name of Business Entity	owned by another business entity? ) and FEIN(s) of the ousiness entity o	wners below. Attach addit.	Yes V
:	- 0	4b, Business Entity FEIN	ets as needed
5. Have the agent			
this license period? Submi-	or sole proprietor satisfied the respons proof of completion debted to any wholesaler beyong 15	Sible havorage	
6 is the applicant pusings	proof of completion debted to any wholesaler beyond 15 is some past due municipal property tax	word deverage server training requ	rement for
Does the analysis to	debted to any wholesaler beyond 15	days for poor ne 22	Yes N
a pplicant business	s owe past due municipal property ta-	res assagger at 30 days for liquor	Wine? ☐ Yes 🗙 N
art C. Individual loter	The second secon	of Ciner fees?	
managers and agent of a limit	ers, directors, and agent of a comment	following positions in the applicant has	
Loude From to the	nber for each person or entity holding the feers, directors, and agent of a corporation of ability company. Attach additional sheets if on listed below.	or nemprofit organization, all partners of	f a paddership, and all an Part
Last hams	on listed below. Corporations and Life		, and all members
WOODMAN	on listed below Corporations and LLCs in First Name	lust appaint an agent by including Forr	P.AB-101.
WOODMAN	CLINTON	- COLE	Phone
POPP		PRESIDENT	608-754-8382
WOODMAN	KRISTIN	VP/TREAS/SECT	
	WILLARD		608-290-0092
JORDAN	PDITTANN	CEO	608-754-8382
Part D: Attestation	BRITTANY	STORE MANAGER	
one of the following must si-			
One of the following must sign an sole prophetor	d attest to this application		
FAD CAREELL	general partner of a partnership.	. 300. 0	
THE STORE SIGNI	NG: clades namely to	one corporate officer	one member of an LLC
this and responsibilities conferred b	v the licensary is and not on behalf of any	other industrial openings to a compl	etely and truthfully 1 are and
THE BOX INCIDENCE .	Limited to, purchasine alcoholishes	Signed to another individual or coun-	icense, Further, Lagree that the
any portion of a light and and but not	Juning inspection will be deemed a	s from state authorized wholesales	agree to operate inis business.
posture of a licensed premises i	i that are the	In allow me-	Understand shalles of
location of this license, I understand			
location of this license, I understand			
ocation of this ficensed premises a ocation of this ficense. I understand terstand that I may be prosecuted for by provides materially false informat I Name	or submitting false statements and affidavi ion on this application may be required to		
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ocation of this ficense, I understand that I may be prosecuted for your provides materially false informat I Name  WOODMAN  RESIDENT  ature	or submitting false statements and affidavious on this application may be required to First Name CLINTO	Stat, Chapter 125 shall be void under its a connection with this application, in forfell not more than \$1,000 if conviction.  N  Imans-food.com	misdemeanar and grounds for access for penalty of state raw. I further and that any person who know-ted.  M
rocation of this ficense, I understand destand that I may be prosecuted to be provided materially false informated to the transport of the tra	or submitting false statements and affidavion on this application may be required to First Name CLINTOI licensing@wood	Stat, Chapter 125 shall be void under its a connection with this application, in forfell not more than \$1,000 if conviction.  N  Imans-food.com	misdemeanar and grounds for each penalty of state raw. I further and that any person who know-ted.  M
rocation of this floense, I understand desistand that I may be prosecuted for the provides materially false information with the provided material with	or submitting false statements and affidavious on this application may be required to First Name CLINTO	Stat, Chapter 125 shall be void under its in connection with this application, in forfeit not more than \$1,000 if conviction.  N  Imans-food.com  Date  6-10-	misdemeanar and grounds for ear penalty of state law. I further and that any person who know-sted.  M W  Phone 608-754-8382
rocation of this ficense, I understand destand that I may be prosecuted to be provided materially false informated to the transport of the tra	or submitting false statements and affidavion on this application may be required to First Name CLINTOI licensing@wood	Stat, Chapter 125 shall be void under its a connection with this application, in forfell not more than \$1,000 if conviction.  N  Imans-food.com	misdemeanar and grounds for er penalty of state raw. I further and that any person who know-ted.  M
ocaliza of this license, I understand destand that I may be prosecuted for provides materially false informat I Name  WOODMAN  RESIDENT  ature  E: Fdr Clerk Use Only  Application Was Filed With Clerk   L	or submitting false statements and affidavion on this application may be required to First Name CLINTOI licensing@wood	Stat. Chapter 125 shall be void under its in connection with this application, in forfeit not more than \$1,000 if conviction.  Manual M	misdemeanar and grounds for er penalty of state 'aw. I further and that any person who know-sted.  M   W   Phone   608-754-8382

Form				
Δ	R	_1	00	ì

### Alcohol Beverage Individual Questionnaire

1	Date	
	1	

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

	rtners of a partner		members and				
our al	cohol beverage ap	plication or renewa	l is not comple.	le until all requir	ed Individual Questi	onnaires are	submitted
	A: Business Info						
1. Lega V	I Business Name (in: VOODMANS	dividual name if sole of FOOD MARI	roprietor) KET INC				
	ness Trade Name or VOODMANS	DBA FOOD MARI	KET INC #4	45			
	v Type <i>(check one)</i> Sole Proprietor	☐ Partnership	Limited	Liability Compa	ny Corporat	ion 🗌	Nonprofit Organization
Part	B: Individual Inf	formation					
t Last V	Name /OODMAN			CLINTO	N		3 M.I.
	tionship to Business ESIDENT	(Title)	5 Email licensing	g@woodma	ıns-food.com		6. Phone 608-754-8382
	c Address ULLER COL	JRT					
8 City	1ADISON			9. State	10, Zip Code 53704		11 Date of Binh
12. Dir	vers ' (Clomb-III)	Number			13 Drivers License WI	State ID State	e of Issuance
0.000							
. Do	11 (0)	e in Wisconsin?			r to the date of apple	cation?	Yes Yes Morans
. Do	you currently resides to 1 above, now	e in Wisconsin? fong have you con	inuously lived i	n Wisconsin prio			Veats Morths
f yo	you currently resides to 1 above, now	e in Wisconsin? fong have you con	inuously lived i	n Wisconsin prio	r to the date of appli tach additional shee		Veats Morths
f yo f yo List revice	you currently reside as to 1 above, now in chronological or	e in Wisconsin? fong have you con	inuously lived i	n Wisconsin prio e last 5 years, At		ts if necessar	veats 48 Months
flyc flyc List Previous	you currently residences to 1 above, now in chronological or is Address 1	e in Wisconsin? fong have you con	inuously lived i	n Wisconsin prio e last 5 years. At City		ts if necessal	Years Months 48  Ty.  Zip Code
f yo f yo !. List Previou	you currently residences to 1 above, now in chronological or is Address 1.	e in Wisconsin? fong have you con	inuously lived i	n Wisconsin prio e last 5 years. At City City		State	Years 48 Months  Ty.  Zip Code  Zip Code
f your firevious frevious frev	you currently residences to 1 above, now in chronological or is Address 1.  Is Address 2.  Is Address 3.	e in Wisconsin? fong have you con	inuously lived i	e last 5 years. At City City		State State State	Veats 48 Morans  Ty.  Zip Code  Zip Code
f your firevious frevious frev	you currently residences to 1 above, now in chronological or is Address 1 as Address 2 as Address 3 as Address 4 as Address 5	e in Wisconsin? fong have you controlled all of your addr	esses within the	e last 5 years. At City City City City City City		State State State State State State	Years 48  Ty.  Zip Code  Zip Code  Zip Code
flyce. List Previous Previous Previous	you currently residences to 1 above, now in chronological or is Address 1 as Address 2 as Address 3 as Address 4 as Address 5	e in Wisconsin?  fong have you control der all of your addr	esses within the	e last 5 years. At City City City City City City	tach additional shee	State State State State State State	Years 48  Ty.  Zip Code  Zip Code  Zip Code

Continued  $\rightarrow$ 

Have you ever been convicted of any off for violation of any federal, Wisconsin, o	enses (excluding traffic offense: r another state's laws or of any o	s unless related to alcohol beverages) county or municipal ordinances?	Yes	No
If yes to question 1, please list details of				
_aw/Ordinance Violated	Location		Cor viction	Date
Perialty Imposed		Was sentence completed?	Yes	□ No
Law/Ordinance Violated	Location		Conviction	Date
Penalty Imposed		Was sentence completed?	Yes	[] No
Law/Ordinance Violated	Location		Conviction	Date
Penalty Imposed		Was sentence completed?	. Yes	☐ No
ordinances?	Visconsin, or another state's law	30 50 50 1 50 100 101 111 121 111 111	☐ Yes	No
ordinances?	(46))(044)(05	30 50 50 1 50 100 101 111 121 111 111	Yes	No
ordinances?	(46))(044)(05	30 50 50 1 50 100 101 111 121 111 111	Yes	No
ordinances?	(46))(044)(05	30 50 50 1 50 100 101 111 121 111 111	Yes	No
ordinances?	t status of pending charges using the status of pending charges using the status of law, 1 have from participating in this busing. I understand that any license tang that i may be prosecuted for the status of the	ng the space below. Attach additional answered each of the above questioness due to any involvement in another issued contrary to Wis. Stat. Chapter or submitting false statements and affid	ns comple r tier of the r 125 shall avits 'n coi	tely and alcohol be void meetion

### Form

### Alcohol Beverage

Individual Questionnaire **AB-100** All individuals involved in the alcohol beverage business must complete this form, including: · all officers, directors, and agent of a corporation or nonprofit organization · sole proprietor · members and agent of a limited liability company · all partners of a partnership 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) Corporation Nonprofit Organization Sole Proprietor Limited Liability Company Partnership Part B: Individual Information 3 M.L 2. First Name 1 Last Name KRISTIN POPP 6. Phone Relationship to Business (Title)
 VP/TREAS/SECT s. Email 608-290-0092 licensing@woodmans-food.com 7. Home Address 5631 LILLY LANE 10, Zip Code 53563 11. Date of Binn 9 State 8. City WI MILTON 13 Drivers License/State ID State of Issuance 12. Drivers License/State ID Number Part C: Address History If yes to 1 above, now long have you continuously lived in Wisconsin prior to the date of application? 2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary. Zip Code Previous Address 1 State Zip Code Previous Address 2 Zip Code State State Zip Code City Previous Address 4 Zip Code State Previous Address 5 3. List all states and counties you have lived in as an adult, Attach additional sheets if necessary, County State County State State State County State State County County State

Part D: Criminal History			
	, or another state's laws or of any o	county or municipal ordinances?	Yes No
If yes to question 1, please list details	of each conviction below. Attach a	dditional sheets as needed.	
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	Yes N
Law'Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	Yes N
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	. Yes N
Part E: Attestation			
READ CAREFULLY BEFORE SIGNIN truthfully. I certify that I am not prohibite beverage industry as a restricted investander penalty of state law. I further under with this application, and that any person to forfeit not more than \$1,000 if convictions.	ed from participating in this busing stor. I understand that any license erstang that I may be prosecuted fo on who knowingly provides materi	ess due to any involvement in another ressued contrary to Wis. Stat. Chapte or submitting false statements and affic	r tier of the alcoho r 125 shall be void lavits in connection
Signature Cristii Closs		le 10/202	<u> </u>

#### Form

**AB-100** 

#### Alcohol Beverage Individual Questionnaire

Date		-		
Care				
i				
Lancier or	-		_	-

All individuals involved in the alcohol beverage business must complete this form, including all officers, directors, and agent of a corporation or nonprofit organization sole proprietor members and agent of a limited liability company all partners of a partnership 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) Corporation Nonprofit Organization Limited Liability Company Partnership Sole Proprietor Part B: individual Information 3 M.L 2. First Name Last Name P **WILLARD WOODMAN** 6\_Phone 5. Email 4. Relationship to Business (Title) 608-754-8382 licensing@woodmans-food.com **CEO** 7. Homo Address 1008 BAY AVE 11 Date of Birth 9 State **WI** 53704 MADISON Onvers License/State ID State of Issuance 12 Drivers License/State ID Number WI Part C: Address History 1. Do you currently reside in Wisconsin? Literans Years of yes to 1 above, now long have you continuously lived in Wisconsin prior to the date of aprilication? 82 2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary Zip Code State City Previous Address 1 State Zip Code City Pr. vigus Address 2 Zip Code State Pravious Address 5 Z o Code State City Previous Address 4 Zip Code State City Previous Address 5 3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary. County State County State State County State County State County State County State County

Have you ever been convicted of any offense for violation of any federal, Wisconsin, or another sections of the control of the	ther state's laws or or arry o	County of Marierpar of Circums 1000 : 1	Yes	No
If yes to question 1, please list details of each	conviction below. Attach a	dditional sheets as needed	A	
aw/Ordinance Violated	Location		Conviction [	Jate
Penalty Imposed		Was sentence completed?	Yes	☐ No
aw Ordinance V olated	Location		Conviction I	Date
Penalty Imposed		Was sentence completed?	Yes	□ No
Law Ordinance Violated	Location		Conviction	Date
Penalty Imposen		Was sentence completed?	Yes	☐ No
peverages) for violation of any federal. Wisco ordinances?	SELLINGED SEE WARRE	THE ADMINISTRACTION OF STREET PARTY AND ADMINISTRACT OF	Yes	
If yes to question 2, describe nature and sta	tus of pending charges us	ing the space below. Attach additional		
Part E: Attestation  READ CAREFULLY BEFORE SIGNING: Un			and comple	ately and



#### **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.

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 <u>June 30, 2026.</u>



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

### Alcohol Beverage

Dale		
	_	 -

ΑE	3-100	Ir	ndividual	Questio	nnaire		
 All indiv	iduals involved in t	he alcohol beverage	business must	complete this	s form, including:		
· sole p · all ba	orcprietor rtners of a partner		officers, direct embers and ag	iors, and age ent of a limite	nt of a corporation or ad liability company	nonprafit o	ganization
Your ald	cohol beverage app	olication or renewal is	not complete	until all requir	ed Individual Questio	nnaires are	submitted.
	A: Business Info						
		Widua name if sole prop S FOOD MARK					
2 Busi W	ness Trade Name or i	OBA OOD MARKE	INC #45				<u> </u>
	y Type <i>(check one)</i> Sole Proprietor	☐ Partnership	Limited Lia	ability Compa	ny Corporatio	on 🗍	Nonprofit Organization
Part I	B: Individual Inf	ormation					13 M.L
1 Last	Name JORDAN			2, First Name BRITTA	NY		M
	tionship to Business (		5. Email BRITTANY.JO	ORDAN@WOO	DDMANS-FOOD.COM	į (	8. Phone
	ic Address 53 RIVER BENI	D DR		.,			
8 City	RACINE			9 State WI	10. Zio Code 53404		1 Date of Birth
12 Dri	vers License/State ID	Number			13 Drivers License/S WI	State ID State	of Issuance
Part (	C: Address Hist						-
		e in Wisconsin?	onerven in A	حرب در در در الاستان			Yes No
If yo	es to 1 above, how	long have you continu	uously lived in V	Visconsin pric	or to the date of applic	ation?	Years chiantes
2 List	in chronological or	der all of your addres	ses within the la	ast 5 years. A	ttach additional sheet		
Previou	us Address 1			City		State	Zip Code
Previou	us Address 2			City		State	Zip Code
Previou	us Address 3			City		State	Zip Code
Previou	us Address 4			City		State	Zip Code
Previo	us Address 5			City		State	Zip Code
3 List	all states and cour	nties you have lived in	as an adult. At	tach addition:	al sheets if necessary		
State	County		inty	State	County	State	County
Siete	County	State Col	inty	State	County	State	County
				owned -			

Have you ever been convicted of any off for violation of any federal, Wisconsin, or	ranother state's laws or of any co	ounty or municipal ordinances?	Yes No
If yes to question 1, please list details of	each conviction below. Attach ad	ditional sheets as needed.	
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	. Yes No
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed	,	Was sentence completed?	. Yes N
Law/Ord.nance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	Yes N
<ol> <li>Are charges for any offenses currently poverages) for violation of any federal, Vordinances?</li> </ol>	ending against you (excluding tra Visconsin, or another state's law	affic offenses unless related to alcoh s or any county or municipal	ol Yes XN
if yes to question 2, describe nature and sheets as needed.	d status of pending charges usir	ig the space celow. Attach adoltion	al
	d status of pending charges usir	g the space below. Attach adoition	al
	d status of pending charges usin	g the space below. Attach adoition	al
Part E: Attestation			
	: Under penalty of law i have from participating in this busine r. I understand that any license tand that I may be prosecuted fo who knowingly provides materia	answered each of the above ques ess due to any involvement in anott essued contrary to Wis. Stat. Chap r submitting (alse statements and a	tions completely and ner tier of the alcoho iter 125 shall be void fridavits in connection
Part E: Attestation  READ CAREFULLY BEFORE SIGNING truthfully. I certify that I am not prohibited beverage industry as a restricted investo under penalty of state law. I further unders with this application, and that any person	: Under penalty of law i have from participating in this busine r. I understand that any license tand that I may be prosecuted fo who knowingly provides materia	answered each of the above ques ess due to any involvement in anott essued contrary to Wis. Stat. Chap r submitting (alse statements and a	tions completely and ner tier of the alcoho iter 125 shall be void fridavits in connection
Part E: Attestation  READ CAREFULLY BEFORE SIGNING truthfully. I certify that I am not prohibited beverage industry as a restricted investo under penalty of state law. I further unders with this application, and that any person to forfeit not more than \$1,000 if convicte	: Under penalty of law i have from participating in this busine r. I understand that any license tand that I may be prosecuted fo who knowingly provides materia	answered each of the above ques ess due to any involvement in anott essued contrary to Wis. Stat. Chap r submitting false statements and a ally talse information on this applica	tions completely and ner tier of the alcoho ter 125 shall be void fidavits in connection tion may be required
Part E: Attestation  READ CAREFULLY BEFORE SIGNING truthfully. I certify that I am not prohibited beverage industry as a restricted investo under penalty of state law. I further unders with this application, and that any person to forfeit not more than \$1,000 if convicte	: Under penalty of law i have from participating in this busine r. I understand that any license tand that I may be prosecuted fo who knowingly provides materia	answered each of the above ques ess due to any involvement in anoth essued contrary to Wis. Stat. Chap is submitting false statements and a ally talse information on this applica-	tions completely and ner tier of the alcoho ter 125 shall be void fidavits in connection tion may be required

- 2 -

A8-100 N 63 11

Form			
Α	В	-1	01

### Alcohol Beverage Appointment of Agent

Agent Type (check one)					
Original (no fee) Successor (S10	fee for mun	icipal licer	isees only)		
Part A: Business Information	***************************************				
1 Legal Business Name (individual name if sole proprietor) WOODMANS'S FOOD MARKET IN					
2. Business Trade Name or DBA WOODMANS FOOD MARKET INC	#45			•	
3. Entity Type (check one) Limited Liability	Company	>	Corporation	Nonprofit Organi	zation
4 Alsohol Beverage Business Authorization (check one)  Municipal Retail License   State Perr	1	It success	or agent, provide State Per	mit or Municipal Retail	License Number
6 Describe the reason for appointing a successor agent, if	successoris	checked at	ooné		
New store					
Part B: Agent Information					
Last Name JORDAN		First Name			3. M.I.
4 Email	В	RITTAI	4 I	5 Phone	M
BRITTANY.JORDAN@WOODMANS-FOOD.	COM				
6 Home Address 3553 RIVER BEND DR					
7 City RACINE		8 State WI	9 Zip Code <b>53404-1557</b>	10 Age	
11 Drivers License/State ID N. —L-			12 Drivers License/S WI	tate ID State of issuance	ee
Part C: Agent Questions					
Have you satisfied the responsible beverage serv Submit proof of completion.	er training r	requireme	nt?		Yes No
2. Have you completed Form AB-100, Alcohol Bever Submit a completed Form AB-100 with this form.	rage Individ	tual Ques	ionnaire?	X	Yes No
Have you been a Wisconsin resident for at least 9     See instructions for exceptions.	0 continuo	us days?.	E 00 E000 F45 5000 100	************	Yes No

#### 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.L.
PRESIDENT	LICENSING@WOODMANS-FOOD.COM	Phone 608-754-8382
Signature /	MML— Date	6/10/25

#### Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, herby 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

Date

O -10 - 25

# 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 (½) 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:	COMPLETELY:	
CORPORATIONPARTNE	ERSHIPINDIVIDUALC	200
PLEASE SUPPLY:	0	Please specify)
LEGAL NAME OF BUSINESS (/OWNER)	WOODMANS FOOD MARKET INC	
TRADE NAME: WOODMANS FOOD MARK		
BUSINESS ADDRESS: 5430 DURAND AV	E RACINE WI	
BUSINESS TELEPHONE: 608-449-2068	(cell phone) ZIP CODE	53406
OME ADDRESS: CORPORATE ADDRESS 2		
ITY JANESVILLE	STATE WI	CODE 53545
OME TELEPHONE 608-754-8382		
NATURE OF APPLICANT	Clinton W Woodman President (Please print SIGNATURE)	DATE OF BIRTH
ATURE OF PARTNER OF APPLIES)	Kristin L Popp VP/Treas/Sect (Please print SIGNATURE)	
	-7	DATE OF BIRTH

FEE: \$40.00 FOR EACH DEVICE

### Expires June30, 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

7	ry of Racine	pertaining to the same.	, resolutions ar	d ordinances adopted	of and supplementar by the Common Coun
of the	tify that I e City of R	am a resident of the acine continuously s			since 1988
NAME (	OF APPLICA!	NT WOODMANS FOOD	IF INDIVIDE		
ADDRES	SS OF APPLI	CANT 5430 DURAND A	VE RACINE WI	O. ENING MID AUGI	JST 2025
			- TO TOMAL VVI	Z	IP 53406
NAME	N/A		IF PARTNERS	IP:	
NAME AN	VD COMPLET	TE ADDRESS OF ALL PART	S	TATE OF PARTNERSHIP	
		ALL PAR	NERS (use rev	erse side if more space	is needed).
		IF CORPORATION DOD MARKET INC		ASSOCIATION:	
CLINTON W	WOODMAN 1	FULLER CT MADISON IN	K3:	TE OF INCORPORATIO	WI 7/11/1955
	LILL	- 1 LAINE MILTON WI 53563 VE	VCECTED-		
WILLARD P	WOODMAN 100	08 BAY DR MADISON 53704C	EO		
AME OF PE	RSON IN CH		APPLICANTS:		
RADE NAME	WOODMANS	FOOD MARKET INC #45			
DRESS OF	BUSINESS:	5430 DURAND AVE RACINE	WI 53406	PHONE: 608-449-2068	
TURE OF BL	USINESS CO	NDUCTED ON PREMISES			
		ON PREMISES	: TAVERN	OTHER X	-
				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		CICENSES, DEPENDI	NG ON THE TYPE OF LICENSE HELD. **
No. of Devices	Description of type	of device	Device location in the establishment
#_1	Type_CLAW MACHINE	LOCATION	INDECIDED, WILL BE AT AN ENTRANCE/EXIT
#			
#	Туре	LOCATION	
#	Туре	LOCATION	
#	Туре	LOCATION	
VIDEO GAMES			
#	Туре	LOCATION	
#	Туре	LOCATION_	
#	Туре	LOCATION	
#	Туре	LOCATION	
#	Туре	LOCATION	
POOL TABLES			
#	Туре	LOCATION	
#	Туре	LOCATION	
JUKE BOX			
#	Туре	LOCATION	
#	Туре		
B-	STORE MANY		
SIGNATURE OF APPL	STORE MANAGE		OF BIRTH 9/3/1988

DATE OF BIRTH 9/3/1988

### Form CTV-100

## Cigarette, Tobacco, and Electronic Vaping Device Retail License Application

FOR CLERKS ONLY				
Municip	ality			
L cense	Penod		_	

Part A: Premises/Business	Information			
Legal Business Name (individual in WOODMANS FOOD MAR				
2 Business Trade Name or DBA WOODMANS FOOD MARK	KET INC #45			
3 FEIN 39-0887447		4 Wisconsin Seller's Pe 456-0000254644		
5. Entity Type (check one)  Sole Proprietor	Partnership	Limited Lia	ability Company	Corporation
6. State of Organization WI	7, Date of Organi 7/11/1955	zation	8 Wisconsin DFL f 1W07850	Registration Number
9 Premises Address (do not use PO 5430 DURAND AVE	Box)			
10 Oity RACINE		11 St WI	ate 12. Zip Code 53406	
13 County 1  RACINE	<ul> <li>Governing Municipality: X (</li> <li>of: RACINE</li> </ul>	City Town Vill	age 15 Aldermanic Die 14	strict
16 Making Address of different from 2631 LIBERTY LAN	premises address) IE			
17 City JANESVILLE		. 18. St WI	19. Zip Code 53545	
20 Premises Phone 608-754-8382	21 Premises Em	oodmans-food.com	22 Website	-FOOD.COM
COUNTER LOCATED AT 54	g quarters, if used, for the sales ducts, and electronic vaping de ND VAPE PRODUCTS WILL	s and/or storage of cigarett vices may be sold and sto . BE SOLD AT THE LIQU	es, tobacco products, and rea ONLY on the premise OR DEPARTMENT, ANI	d electronic vaping devices and es described in this application.  D AT THE SERVICE
Part B: Questions				
What products will be sold at ti     Cigarettes		ck ail that apply)	Elect	tronic Vaping Devices
How will digarettes, tobacco, a     Over the counter		ces be sold? (check all ig machine	that apply)	
3. Is the applicant business owner if yes, provide the name and F CTV-101 for all of the parent of	EIN of the parent company	below, identify parent or		
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	Ď٠	Attestation
1 641 5	┗.	Aucotation

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:

Funderstand 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 digarettes.
- · I will not sell, give, or otherwise provide algarettes, 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.
- ! will not self 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.

Name (Lat. 5/8) MI) WOODMAN, CLINTON N	N	Date 6-/	0-25
Title PRESIDENT		Email licensing@woodmans-food.com	Phone 608-754-8382
Part E: For Clerk Use Only			
Date application was filed with clerk	Date license issued	Date license expires	License number
License fees	Signature of Clerk/De	puty Clerk	

## Form CTV-101

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

Part A: Business Inform					
Legal Business Name Endivid WOODMANS FOOD	fual name if sole proprietor: MARKET INC				
E Business Trade Name or DBA WOODMANS FOO	D MARKET INC #45				3.1,00
3 Entity Type I onerA one!					\/
Sole Proprietor	☐ Partnership	[ Lin	nited Liability Compar	<sup>n</sup> y	Corporation
Part B: Individual Inforr	nation		990 W 870 F F F F F F F F F F F F F F F F F F F	W-8/-1/20-1	
Name (Last) WOODMAN		2. Name (First) CLINTON			3. Name W
4. Relationship to Business (Title PRESIDENT	e)	5. Erai licensing@wo	oodmans-food.con	1	5. Phone 608-754-8382
T Home Address 16 FULLER COURT					
3 Cay MADISON		9. State	10 Isp Cade 53704		11. Date of Birth
11/1/12/10/01/1		VVI	33704		
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Part D: Individual's Criminal H	istory		
Have you ever been convicted of Wisconsin, or another state's laws	any offenses (other than traffic o s, or of any county or municipal o	offenses) for violation of ar	ny federal Yes XNo
If yes to question 1 please list det	alls of each conviction below:		
Law Ordinance Victated	Liseat on		Trial Date
Fenalty imposed	Alama, and a	Was sentence	completed? Yes No
Law Orginance Violated	Location		Trial Date
Penality Imposed	LL	Was sentence	completed?
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2. Are charges for any offenses curre federal. Wisconsin, or another state	intly pending against you rother t els faws or any county or municip	han traff a offenses) for vic cal ordinances?	plation of any
			Attach add tional sheets as needed.
Part E: Attestation by Individua			
READ CAREFULLY BEFORE SIGN connection with this application and rette, electronic vaping devices, and I declare under behaltes of the law to complete to the object of my nowledge.	IING: I understand that I may be that any person who knowingly person become orducts retail license.	provides materially false in	ng false statements and affidavits in formation on an application for eiga- t not more than \$1,000 if convicted, ny knowledge, it is true, correct, and
Signature COUIII ////	u	Da	6-10-25
Part F: Licensing Authority App	royal		
I nereby certify that I have checked in	ancinal and state convert served	s To the best of my *nowl	eage, with the available information.
this individual qualifies to serve in the Name of Local Official	reported role with the above-na	med business Title	
Signature of Local Official			
Servicing of Lodge Official		Dat	e

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## Form CTV-101

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

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	ness Trade Name or DBA VOODMANS FOOD N	/ARKE	Γ INC #45	-2114					
	n Type, onedkichel Sole Prophetor		Partnership		J L	mited Liability Cor	ynsqu	Corporation	
Part	B: Individual Informa	tion				17.			
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563	ne Appress 1 LILLY LANE							de	
3 Galy	MILTON			i e.	State VI	10 Zip Code <b>53563</b>	4	11, Date of Birth	
12, Dr. ers License, State ID Number						†3. Drivers License/State ID State of Issuance WI			
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if appl	cable, list all states and c	ounties y	ou have lived in	as an adult. A	ttach	additional sheets	if necessary		
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Continued --

Form
CTV-101

Part A: Business Information

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

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	Partnership		Limited Liability Company	×	Corporation
Part B: Individual Information	0				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
WOODMAN		2 Name (Firs	1)		
Relationship to Business (Title)		WILLARD	)		3. Name II
CEO		5.8-41			Р
tiome Aliuress 1008 BAY AVE		licensing	@woodmans-food.com	5. <sup>В</sup> пале 608 <b>-7</b> 5	54-8382
City					
MADISON  Drivers Licence, State ID Number		¥ State <b>WI</b>	10 Z/p Code 53704	11. Date of	Birth
The policy of the interpersion			13 Drivers License State I	D State of Issuance	9

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Part D: Individual's Cri	minal History  victed of any offenses (other than tra  ate's laws, or of any county or munici  e list details of each conviction		
Sconsin or another sta	ate's least offenses (other those)		
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### Form CTV-101

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

		- Question	inaire
Part A: Business Information			
Legal Bus ress Name individual name if sole propriet WOODMANS FOOD MARKET			
WOODMANS TO a marrie of sole propnet	at)		
WOODMANS FOOD MARKET INC			
WOODMANS FOOD MARKET IN	IC #45		
Sole Proprietor	- " 10		
Partners			
	0	Limited Liability Company	
		- domity company	XCorporati
art B: Individual Information			V Pariett
JORDAN	2 Name (First		
Relationship to Business (Title)	BRITTAN	V	
_ ···· MANAGER	5 Eval		3. Name
one Address	BRITTANY JORDAN	N@WOODMANS-FOOD.COM	M
53 RIVER BEND DR		WOODMANS-FOOD.COM	608-449-2068
PAGINE			
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If yes in	laws or of any per	IC Offenores
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# Cigarette, Tobacco, and Electronic Vaping Device

A	Appointment	or Agent			
Agent Type (check on	ne). Original Change				
Part A: Agent Info	rmation				
1. Last Name JORDAN	3.5	at Nie			
4 Email	BR	st Name ITTANY			13. M.
BRITTANY.JORDANG	@WOODMANS-FOOD.COM		-		M
6 Home Address	STOODIVIANS-FUOD.COM		5 Phone		
3553 RIVER BEN	D DR		608-44	9-2068	
7 City					-
RACINE	and the property of the control of t		8. State		
10 Date 20 4	11 Denoma L		WI	9 Zip Code 53404	
	11 Privers License/State D Number	12.0			
		W	l cicen	se/State iD State	of Issuar
Part B: Questions					
1. Have you completed	Form CTV-101, Cigarette, Tobacco, and Electro- nit a completed Form CTV-101 with this form				
Questionnaire? Subm	Form CTV-101, Cigarette, Tobacco, and Electro, nit a completed Form CTV-101 with this form	nic Vaping Device Lice	ense - Indi	/idual	
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Business Trade Name or D	DD MARKET INC				
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Wisconsin Department of Revenue

### Form CTV-100

## Cigarette, Tobacco, and Electronic Vaping Device Retail License Application

FOR CLERKS ONLY					
Municipality					
License Penad					

Part A: Premises/Busine			X	Total the second
1. Legal Business Name (individu WOODMANS FOOD M.		roprietor)		
2. Business Trage Name or DBA				
WOODMANS FOOD MA	RKET INC #			
39-0887447			isconsin Seller's Permit 6-0000254644-03	Number
5 Entity Type (check one) Sole Proprietor	∏ Pa	ntnership	Limited Liabilit	y Company Corporation
6. State of Organization WI		7. Date of Organization 7/11/1955		Wisconsin DFI Registration Number     1W07850
9 Premises Address (do not use I 5430 DURAND AVE	PO Box)			
10 City RACINE			11 State	12, Zip Code 53406
13 County RACINE	14. Governing of: RAC	Municipality: X City _	Town 🗔 Village	15. Aldermanic District 14
16 Making Address (if different fro 2631 LIBERTY L	om premises add		The state of the s	A
17 City JANESVILLE			18 State	19. Zip Code 53545
20 Premises Phone 608-754-8382		21, Premises Email licensing@woodma	ins-food.com	22. Website WOODMANS-FOOD.COM
Describe all rooms including li	iving quarters, if	used, for the sales and/or	storage of digarettes, to	electronic vaping devices are to be sold and stored bacco products, and electronic vaping devices an DNLY on the premises described in this application
CIGARETTES, TOBACCO AI COUNTER LOCATED AT 540 CIGARETTES AND TOBACC	30 DURAND AV	'F		ARTMENT, AND AT THE SERVICE TED AT 5900 DURAND AVE
Part B: Questions				
1. What products will be sold a	at this business	location? (check all that	at apply)	
Cigarettes		Tobacco Prod		Electronic Vaping Devices
2 How will digarettes, tobacco	and/or electro	onic vaping devices be  Vending mach		apply)
3 is the applicant business ow	ned by anothe	r business entity?		Yes XNo
	d FEIN of the p	arent company below i	identify parent compa	any members in Part C, and attach Form
3a. Name of Parent Compar	ny:			
3b. FEIN of Parent Compan				

### Form CTV-100

## Cigarette, Tobacco, and Electronic Vaping Device Retail License Application

FOR CLERKS ONLY	
Municipality	
icense Period	-

Part A: Premises/Busines	ss Information	-100-1000				
Legal Business Name (individual WOODMANS FOOD MANS)	al name if sole proprietor)	<del></del>	A SECULIAR DE LA CONTRACTOR DE LA CONTRA	Name of the second		
2. Business Trade Name or DBA						
WOODMANS FOOD MA	RKET INC #45 LIQUOR D	EPT				
3 FEIN 39-0887447		4. Wisconsin Se 456-000025		Number		
5. Entity Type (check one)  Sole Proprietor	Partnership	Lim	ted Liabilit	y Company	💢 Согро	ration
6. State of Organization WI	7. Date of Organiza 7/11/1955	ation		8. Wisconsin DFI F 1W07850	Registration Number	
9. Premises Address (do not use F 5430 DURAND AVE	PO Box)			An		
10. City  RACINE			11. State WI	12. Zip Code 53406		
13 County RACINE	14. Governing Municipality: X Cit	ty 🗍 Town [	] Village	15. Aldermanic Dis 14	trict	
16. Mailing Address (if different from 2631 LIBERTY LA				H	(11)	
JANESVILLE			18. State WI	19. Zip Code 53545		
20 Premises Phone 608-754-8382	21, Premises Emai		om	22. Website	FOOD.COM	
Describe all rooms including liv	e the building or buildings where cig- ving quarters, if used, for the sales a roducts, and electronic vaping devi	and/or storage of o	igarettes, to	bacco products, and	electronic vaping de	evices and
COUNTER LOCATED AT 543	ID VAPE PRODUCTS WILL BE SI 0 DURAND AVE D PRODUCTS WILL BE SOLD IN					
Part B: Questions		1/10-11-7				—— ::::3
<ol> <li>What products will be sold at Cigarettes</li> </ol>	this business location? (check			Electr	onic Vaping Devic	ces
2. How will cigarettes, tobacco, Over the counter	and/or electronic vaping device		ck all that a	apply)		
3. Is the applicant business own	ned by another business entity?	· · · · · · · · · · · · · · · · · · ·			∏ Yec	X No
If yes, provide the name and	FEIN of the parent company be company's members, partners,	elow, identify par				
	y:					
						and the same of the same of

#### 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 aftest 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.
- 1 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 self agareties 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 mixture peans and grounds for revocation of this license. Any person who knowingly provides materially false information on this application has be required to forest not more than \$1,000.

Name (Last, Fist, M.F.) WOODMAN, CLINTON \	IJUV	Date 6-1	10-25
PRESIDENT		Email licensing@woodmans-food.com	Phone 608-754-8382
Part E: For Clerk Use Only			100-1100/01/19141110-11-11-11/1914
Date application was filed with clerk	Date license issued	Date license expires	License number
License tees	Signature of Cierk/De	puty Clerk	

Form	
CTV-101	

Part A: Business Information

1 Legal Business Name (individual name if sole proprietor) WOODMANS FOOD MARKET INC

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

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Form	
CTV-101	

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

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Part D: Individual's Criminal			
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Form
CTV-101

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

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Relationship to Business (Title)		WILLARD			3. Name (N
Chip to business (Title)					
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Form	
CTV-101	

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

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	STORE MANAGE	R			5 Email BRITTANY J	ORDANA	@WOODMANS-FC		8. Phone
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-	553 RIVER BEND	DR							W
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## Cigarette, Tobacco, and Electronic Vaping Device

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Appointment	of Agent		Late
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			7. Zip Code 53406
			55400
am authorized by the entity to authorize	e this individual to act on bel inher. Lunderstand that I ma ion who knowingly provides	nalf of the y be pro materia	es and/or electronic vaping e entity. If I am appointing a
I the <b>Agent</b> , herby accept this appointr or the conduct of all business relative to e above-named business. I further under , and that any person who knowingly on d.	ent as agent for the above-r	amed c	orporation or limited liability
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	Iginal Change  2 Signal  NS-FOOD.COM  Pers License/State ID Number  Pers License/State ID Number	Appointment of Agent    Change	S. Phomosophy and the second process of the second process and fall has person who knowingly provided may be prosecuted for interest of the promises and fall that person who knowingly provided may be prosecuted for the agent that a second process and that any person who knowingly provided for it. The PRESID Date of the Agent, herby accept this appointment for this premises. Further, I understand that I may be provided as the p

Part D: Individual's Criminal H	istory		
Have you ever been convicted of Wisconsin, or another state's law.			ny federal Yes XNo
If yes to question it please list det	ails of each conviction below.		
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it yes to question 2, describe natu	re and status of pending charge:	s using the space below.	Attach additional sheets as needed.
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Part E: Attestation by Individua	31		
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Part F: Licensing Authority App	roval		
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trame of Local Official		Title	
Signature of Local Official		Da	·a
		Ja	



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

CITY OF RACINE - DEPARMENT OF CUSTOMER SERVICE 730 WASHINGTON ALE-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
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
APPLICANT'S NAME CLINTON W WOODMAN  ADDRESS 16 FULLER CT MADISON WI 53704
ADDRESS 16 FULLER CT MADISON WI 53704
ADDRESS16 FULLER CT MADISON WI 53704  PHONE & EMAIL_608-754-8382 LICENSING@WOODMANS-FOOD.COM
ADDRESS16 FULLER CT MADISON WI 53704  PHONE & EMAIL_608-754-8382 LICENSING@WOODMANS-FOOD.COM  PROPERTY OWNER'S NAMECLINTON 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
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