Date

Form
CTV-101

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

Part A: Business Information

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

2. Business Trade Name or DBA
DEANS Mini MART

3. Entity Type *(check one)*

☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☒ Corporation

Part B: Individual Information

1. Name (Last)	2. Name (First)	3. Name (M.I.)
~~MAHBOOB~~ ABDALAH	MAHBOOB	

4. Relationship to Business (Title)	5. Email	6. Phone
OWNER		414-378-7876

7. Home Address
1945 1/2 Racine St #2

8. City	9. State	10. Zip Code	11. Date of Birth
Racine	WI	53403	

12. Drivers License/State ID Number	13. Drivers License/State ID State of Issuance
A134-5517-0162-06 5517	

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 1514 Edgerton Ave	City Milwaukee	State WI	Zip Code 53221
Previous Address 2 518 St. Lawrence Ave	City Beloit	State WI	Zip Code 53511
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? ☐ Yes ☐ No

Law/Ordinance Violated	Location	Trial Date

Penalty Imposed	Was sentence completed? ☐ Yes ☐ No

Law/Ordinance Violated	Location	Trial Date

Penalty Imposed	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	Date
[signature]	6-5-26

Part F: Licensing Authority Approval

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, this individual qualifies to serve in the reported role with the above-named business.

Name of Local Official	Title

Signature of Local Official	Date

Form **CTV-102**

Cigarette, Tobacco, and Electronic Vaping Device Appointment of Agent

Date

Agent Type (check one): ☐ Original ☒ Change – New Agent

Part A: Agent Information

1. Last Name	2. First Name	3. M.I.
ABDAIAH	MAHBOUB	

4. Email	5. Phone
Mahboub.abd1970@gmail.com	414-378-7876

6. Home Address: 1945½ Racine St. # 2

7. City	8. State	9. Zip Code
Racine	WI	53403

10. Date of Birth	11. Drivers License/State ID Number	12. Drivers License/State ID State of Issuance
5-2-1970	A134-5517-0162-06	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.

Part C: Business Information

1. Legal Business Name (individual name if sole proprietor): DEAN AZ LLC

2. Business Trade Name or DBA: DEANS Mini MART

3. Entity Type (check one): ☐ Limited Liability Company ☒ Corporation

4. Premises Address: 1407 Superior St

5. City	6. State	7. Zip Code
Racine	WI	53402

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
	6-5-26

Name of Person Signing for Licensee	Title
MAHBOUB ABDAIAH	OWNER

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, herby 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
	6-5-26