

3526

Form  
CTV-100Cigarette, Tobacco, and Electronic Vaping  
Device Retail License Application

| FOR CLERKS ONLY |  |
|-----------------|--|
| Municipality    |  |
| License Period  |  |

## Part A: Premises/Business Information

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                     |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------|--|
| 1. Legal Business Name (individual name if sole proprietor) <u>Moes Market LLC</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                     |  |
| 2. Business Trade Name or DBA <u>Moes Market</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                     |  |
| 3. FEIN <u>39-4673480</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | 4. Wisconsin Seller's Permit Number <u>456-1032177364-02</u>                                                                        |  |
| 5. Entity Type (check one)<br><input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                     |  |
| 6. State of Organization <u>WI</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | 7. Date of Organization <u>10-02-2025</u>                                                                                           |  |
| 8. Wisconsin DFI Registration Number <u>M139388</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                     |  |
| 9. Premises Address (do not use PO Box) <u>1949 Racine st</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                     |  |
| 10. City <u>Racine</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | 11. State <u>WI</u>                                                                                                                 |  |
| 12. Zip Code <u>53403</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                     |  |
| 13. County <u>Racine</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | 14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village |  |
| 15. Aldermanic District <u>2nd</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | of: <u>Racine</u>                                                                                                                   |  |
| 16. Mailing Address (if different from premises address)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                     |  |
| 17. City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | 18. State                                                                                                                           |  |
| 19. Zip Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                     |  |
| 20. Premises Phone                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | 21. Premises Email                                                                                                                  |  |
| 22. Website                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                     |  |
| 23. Premises Description - Describe the building or buildings where cigarettes, tobacco products, and electronic vaping devices are to be sold and stored. Describe all rooms including living quarters, if used, for the sales and/or storage of cigarettes, tobacco products, and electronic vaping devices and records. Cigarettes, tobacco products, and electronic vaping devices may be sold and stored ONLY on the premises described in this application. Attach a floor plan if possible.<br><br><u>behind the counter</u><br><u>over the counter</u> |  |                                                                                                                                     |  |

## Part B: Questions

|                                                                                                                                                                                                   |                                                      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|
| 1. What products will be sold at this business location? (check all that apply)                                                                                                                   |                                                      |
| <input checked="" type="checkbox"/> Cigarettes                                                                                                                                                    | <input checked="" type="checkbox"/> Tobacco Products |
| <input checked="" type="checkbox"/> Electronic Vaping Devices                                                                                                                                     |                                                      |
| 2. How will cigarettes, tobacco, and/or electronic vaping devices be sold? (check all that apply)                                                                                                 |                                                      |
| <input checked="" type="checkbox"/> Over the counter                                                                                                                                              | <input type="checkbox"/> Vending machine             |
| 3. Is the applicant business owned by another business entity? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                     |                                                      |
| If yes, provide the name and FEIN of the parent company below, identify parent company members in Part C, and attach Form CTV-101 for all of the parent company's members, partners, or officers. |                                                      |
| 3a. Name of Parent Company: _____                                                                                                                                                                 |                                                      |
| 3b. FEIN of Parent Company: _____                                                                                                                                                                 |                                                      |

**Part C: Individual Information**

An Individual Questionnaire, Form CTV-101, must be completed and attached to this application for each person involved in the applicant business and any parent company indicated in Part B. Such persons include: sole proprietor, all officers and agents of a corporation, all partners of a partnership, and all members and agents of a limited liability company.

List the full name, title, and phone number for each person below. Attach additional sheets if necessary.

| Last Name | First Name | Title   | Phone          |
|-----------|------------|---------|----------------|
| Shehadeh  | Saad       | Owner   | (262)-902-0837 |
| Musa      | Tawfiq     | partner | (262)-902-2775 |
|           |            |         |                |
|           |            |         |                |

**Part D: Attestation**

One of the following must sign and attest to this application:

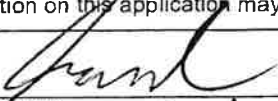
- sole proprietor
- one general partner of a partnership
- one corporate officer
- one managing member of an LLC

**READ CAREFULLY BEFORE SIGNING:**

I understand and agree to the following:

- I will only purchase cigarettes, tobacco, and vapor products from distributors, jobbers, or subjobbers permitted by the Wisconsin Department of Revenue, unless I also hold the proper distributor's permit and pay all applicable excise taxes.
- I will not purchase or exchange products from another retailer, including transferring existing stock to a new owner.
- I will provide tobacco sales training that has been approved by the Wisconsin Department of Health Services to my employees. (<https://witobaccocheck.org>).
- I will not sell single cigarettes.
- I will not sell, give, or otherwise provide cigarettes, tobacco, or any nicotine products to minors.
- I will keep product invoices on the licensed premises for two years and ensure the records are available for inspection by law enforcement. Failure to comply with this will result in criminal penalties, including loss of inventory.
- I will not sell cigarettes or roll-your-own (RYO) tobacco products unless listed on the Wisconsin Department of Justice's directory of certified tobacco manufacturers and brands.

Further, under penalty provided by law, I state that this application has been truthfully answered to the best of my knowledge. I agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another. Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to 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  | 6-30-26                   |
| Name (Last, First, M.I.) | Shehadeh Saad M                                                                     |       |                           |
| Title                    | Owner                                                                               | Email | mocs market llc@gmail.com |
|                          |                                                                                     | Phone | (262) 902-0837            |

**Part E: For Clerk Use Only**

|                                       |                                 |                      |                |
|---------------------------------------|---------------------------------|----------------------|----------------|
| Date application was filed with clerk | Date license issued             | Date license expires | License number |
| License fees                          | Signature of Clerk/Deputy Clerk |                      |                |

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

Date

**Part A: Business Information**

|                                                                                    |                                      |                                                               |                                      |
|------------------------------------------------------------------------------------|--------------------------------------|---------------------------------------------------------------|--------------------------------------|
| 1. Legal Business Name (individual name if sole proprietor) <i>Moss Market LLC</i> |                                      |                                                               |                                      |
| 2. Business Trade Name or DBA <i>Moss Market</i>                                   |                                      |                                                               |                                      |
| 3. Entity Type (check one)                                                         |                                      |                                                               |                                      |
| <input type="checkbox"/> Sole Proprietor                                           | <input type="checkbox"/> Partnership | <input checked="" type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Corporation |

**Part B: Individual Information**

|                                                              |  |                                         |                                                                  |                                |                   |
|--------------------------------------------------------------|--|-----------------------------------------|------------------------------------------------------------------|--------------------------------|-------------------|
| 1. Name (Last) <i>Shehadeh</i>                               |  | 2. Name (First) <i>Saeed</i>            |                                                                  | 3. Name (M.I.) <i>M</i>        |                   |
| 4. Relationship to Business (Title) <i>owner</i>             |  | 5. Email <i>mossmarketllc@gmail.com</i> |                                                                  | 6. Phone <i>(262) 902-0837</i> |                   |
| 7. Home Address <i>3111 Yorktown St</i>                      |  |                                         |                                                                  |                                |                   |
| 8. City <i>Calumet</i>                                       |  | 9. State <i>WI</i>                      | 10. Zip Code <i>53404</i>                                        |                                | 11. Date of Birth |
| 12. Drivers License/State ID Number <i>5300-7930-1448-01</i> |  |                                         | 13. Drivers License/State ID State of Issuance <i>10/28/2020</i> |                                |                   |

**Part C: Individual's Address History**

List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

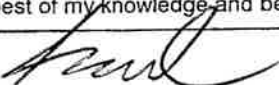
| Previous Address   | City | State | Zip Code |
|--------------------|------|-------|----------|
| <i>N/A</i>         |      |       |          |
| Previous Address 2 | City | State | Zip Code |
| Previous Address 3 | City | State | Zip Code |
| Previous Address 4 | City | State | Zip Code |
| Previous 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 →

| <b>Part D: Individual's Criminal History</b>                                                                                                                                                                                                                                  |          |                                                                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------------------------------------------------------------------------------------|
| 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? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |          |                                                                                        |
| If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.                                                                                                                                                |          |                                                                                        |

| <b>Part E: Attestation by Individual</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| <b>READ CAREFULLY BEFORE SIGNING:</b> 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 <b>6/30/26</b> |

| <b>Part F: Licensing Authority Approval</b>                                                                                                                                                                                    |       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|
| 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  |

Date

Form  
CTV-101Cigarette, Tobacco, and Electronic  
Vaping Device License - Individual Questionnaire

## Part A: Business Information

|                                                                                    |                                      |                                                               |                                      |
|------------------------------------------------------------------------------------|--------------------------------------|---------------------------------------------------------------|--------------------------------------|
| 1. Legal Business Name (individual name if sole proprietor) <i>Moes Market LLC</i> |                                      |                                                               |                                      |
| 2. Business Trade Name or DBA <i>Moes Market</i>                                   |                                      |                                                               |                                      |
| 3. Entity Type (check one)                                                         |                                      |                                                               |                                      |
| <input type="checkbox"/> Sole Proprietor                                           | <input type="checkbox"/> Partnership | <input checked="" type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Corporation |

## Part B: Individual Information

|                                                              |  |                                         |                                                                  |                              |  |
|--------------------------------------------------------------|--|-----------------------------------------|------------------------------------------------------------------|------------------------------|--|
| 1. Name (Last) <i>Musa</i>                                   |  | 2. Name (First) <i>Tawfig</i>           |                                                                  | 3. Name (M.I.) <i>M</i>      |  |
| 4. Relationship to Business (Title) <i>Partner</i>           |  | 5. Email <i>moesmarketllc@gmail.com</i> |                                                                  | 6. Phone <i>262-902-2775</i> |  |
| 7. Home Address <i>3668 erie st</i>                          |  |                                         |                                                                  |                              |  |
| 8. City <i>Racine</i>                                        |  | 9. State <i>WI</i>                      | 10. Zip Code <i>53402</i>                                        | 11. Date of Birth            |  |
| 12. Drivers License/State ID Number <i>M200-8139-9019-07</i> |  |                                         | 13. Drivers License/State ID State of Issuance <i>03/29/2019</i> |                              |  |

## 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 |
|------------------|------|-------|----------|
| <i>N/A</i>       |      |       |          |
|                  |      |       |          |
|                  |      |       |          |
|                  |      |       |          |
|                  |      |       |          |
|                  |      |       |          |

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 →

| <b>Part D: Individual's Criminal History</b>                                                                                                                                                                                                                                  |          |                                                                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------------------------------------------------------------------------------------|
| 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? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |          |                                                                                        |
| If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.                                                                                                                                                |          |                                                                                        |

| <b>Part E: Attestation by Individual</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| <b>READ CAREFULLY BEFORE SIGNING:</b> 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 <b>6/30/26</b> |

| <b>Part F: Licensing Authority Approval</b>                                                                                                                                                                                    |       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|
| 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  |