

Form
CTV-101

Cigarette, Tobacco, and Electronic Vaping Device - Individual Questionnaire

Part A: Business Information			
1. Legal Business Name (individual name if sole proprietor) DOLGENCORP . LLC			
2. Business Trade Name or DBA DOLLAR GENERAL STORE # 10764			
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) Tatum	2. Name (First) Kaleb	3. Name (M.I.) J	
4. Relationship to Business (Title) DIST MGR	5. Email tax-beerandwinelicense@dg.	6. Phone (615) 855-4000	
7. Home Address 9412 N Carlotta Lane			
8. City Brown Deer	9. State WI	10. Zip Code 53223	11. Date of Birth
12. Drivers License/State ID Number T350-5100-0259-06		13. Drivers License/State ID State of Issuance WI	

Part C: Individual's Address History			
List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.			
Previous Address 1 9412 N Carlotta Lane	City Brown Deer	State WI	Zip Code 53223
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 WI	County Milwaukee	State	County
State	County	State	County

Continued →

Part D: Individual's Criminal History

1. Have you ever been convicted of any offenses (other than traffic offenses) for violation of any federal, Wisconsin, or another state's laws, or of any county or municipal ordinances? Yes No

If yes to question 1, please list details of each conviction below:

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

2. Are charges for any offenses currently pending against you (other than traffic offenses) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? Yes No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation by Individual

READ CAREFULLY BEFORE SIGNING: I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on an application for cigarette, electronic vaping devices, and tobacco products retail license may be required to forfeit not more than \$1,000 if convicted. I declare under penalties of the law that I have examined this information and, to the best of my knowledge, it is true, correct, and complete to the best of my knowledge and belief.

Signature <i>Kaleb Tatum</i>	Date 03/12/2026
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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 does not have a criminal record that would disqualify them from having an interest in a cigarette, tobacco product, or electronic vaping device retailer license according to sec. 134.65(1m), Wis. Stats.

Name of Local Official	Title
Signature of Local Official	Date

Form
CTV-102

Cigarette, Tobacco, and Electronic Vaping Device Appointment of Agent

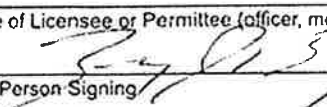

Date
03/12/2026

Agent Type (check one): Original Change

Part A: Agent Information		
1. Last Name Tatum	2. First Name Kaleb	3. M.I. J
4. Email tax-beerandwinelicense@dollargeneral.com		5. Phone (615) 855-4000
6. Home Address 9412 N Carlotta Lane		
7. City Brown Deer		8. State WI
		9. Zip Code 53223
10. Date of Birth	11. Drivers License/State ID Number T350-5100-0259-06	12. Drivers License/State ID State of Issuance WI

Part B: Questions	
1. Have you completed Form CTV-101, <i>Cigarette, Tobacco, and Electronic Vaping Device - Individual Questionnaire</i> ? Submit a completed Form CTV-101 with this form. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
2. If this is a change of agent, please describe the reason for the agent change. Attach additional sheets if necessary. New agent, previous left the company	

Part C: Business Information		
1. Legal Business Name (individual name if sole proprietor) DOLGENCORP, LLC		
2. Business Trade Name or DBA DOLLAR GENERAL STORE # 10764		
3. Entity Type (check one) <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation		
4. Promises Address 4901 WASHINGTON AVE		
5. City RACINE	6. State WI	7. Zip Code 53406-4241

Part D: Attestations	
READ CAREFULLY BEFORE SIGNING: I, the Licensee or Permittee, 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 or Permittee (officer, member, or authorized signatory) 	Date 03/20/2026
Name of Person Signing ZACHARY BRINING	Title LLC MANAGER
READ CAREFULLY BEFORE SIGNING: I, the Agent, hereby accept this appointment as agent for the above-named corporation or limited liability company and assume full responsibility for the conduct of all business relative to sales of cigarettes, tobacco products, and/or electronic vaping devices conducted on the premises for the above-named business. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this form, and that any person who knowingly provides materially false information on this form may be required to forfeit not more than \$1,000 if convicted.	
Signature of Agent 	Date 03/12/2026