20184071-1

Cust 9146 Person
9147 Entity
3690 Bus

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?

Bill #
2401
2402
2403
2404

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) lease
- Auxiliary Questionnaire Form (1 per each officer of the business and agent listed on the application)
- Schedule of Appointment of Agent
- Business Plan Questionnaire
- Proof of FEIN
- Proof of WI Sellers Permit

Before your license will be issued the following **MUST** be completed:

- Proof of Responsible Beverage Course
- Attend a Good Neighbor Meeting
- Attend a Public Safety and Licensing Committee Meeting
- Common Council Approval (it is not mandatory to attend this meeting)
- **All department sign offs must be complete**
  - It is your responsibility to call the people/departments listed below to setup appointments to have your premise inspected.
    - Environmental Health Department - located at City Hall in Room 1 (262) 636-9203
    - Building Department – located at City Hall in Room 304 (262)636-9464
    - Fire Department – located in the City Public Safety Building (262) 635-7915
    - Good Neighbor Meeting – Schedule by calling (262) 636-9115

Business Name: RM Gas & Food Mart Inc

Business Address: 1530 Douglas ave Racine, WI 53404

DBA Name: JD United petroleum

District: 4 Your Business Alder: David Maack Alder Phone: 262-977-3870

Printed Name: Rupinder Kaur Signature:

*Your Public Safety and Licensing Date is tentative to when your record check and good neighbor meeting are completed.

BUSINESS PLAN QUESTIONNAIRE

Business Owner/ Ownership Entity RM Gas & Food Mart Inc

Trade Name JD united petroleum

Business Address 1530 Doglas ave Racine wi 53404

Website _____

Business Email Address Rubyiaqam @Gmail.com

Agent Name Rupinder Kaur

Agent Home Address 1825 W Kimberly ave

Agent Emergency Contact Number (414) 241-7467

Agent Email Address Rubyiaqam @Gmail.com

Who intends to be mainly in charge of daily operations? Rupinder Kaur / Manleen Rajput

Is your business currently open? (Yes) No

If no, please complete the following Statement of Intent:

I understand that the granting of this license would be conditional on my being able to operate within 6 months of common council approval. I intend to operate under the license within six months of common council approval. If I am not able to operate within 6 months, I may request a one-time extension of up to 3 months. If I am still not actively operating under the license within 9 months of common council approval, my license will be considered denied and I will have to re-apply for a new license. R.K Initials.

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

50,000 Alcoholic beverages

60,000 Food

50,000 Other (please specify) Gas

12,500 Lottery

18,000 Cigarettes

How many people do you intend to employ full time? 3 employees

How many people do you intend to employ part time? 1 employee

What is the square footage of the premise to be licensed? 3035 ft

What is your best estimation of the value of the business? _____

Please describe the current parking situation.

10 Infront of the store

2 on the corner

4 At the pumbs

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

Control customer, Signage, trained staff

Emergency call police

Describe the business that you are buying/opening.

Gas Station selling, Gas, Food, Alcoholic beverages

How will your establishment affect the quality of life for the citizens of Racine?

(1) Good customer services
(2) offer good price
(3) offer healty Food

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

If yes, what type of alcohol license? beer

Are you or the corporation buying the building or leasing it? Buying / (Leasing)

Will you be doing any remodeling; and if so, what are your plans?

N/A

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

over 8 years at the same business

What will your hours of operation be?

- Monday 5:00 AM – Midnight
- Tuesday 5:00 AM – Midnight
- Wednesday 5:00 AM – Midnight
- Thursday 5:00 AM – Midnight
- Friday 5:00 AM – Midnight
- Saturday 5:00 AM – Midnight
- Sunday 5:00 AM – Midnight

Will you be offering food? If so, what type of menu will you have? Do you have a kitchen? (Please attach a copy of your menu if available)

N/A

How many customers do you expect on your busiest days? 200

How do you intend to handle litter and garbage?

cleaning, garbage Can

How will noise at the premise be addressed?

Signage, trained staff

What is your security plan?

No need

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

security system, Camera ; Inside & out side

Will music be played at your location? Yes (No)

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

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	
License Period	

License(s) Requested: (up to two boxes may be checked)

- ☑ Class "A" Beer ..... $ 100
- ☐ Class "B" Beer ..... $ _____
- ☐ "Class A" Liquor ..... $ _____
- ☐ "Class B" Liquor ..... $ _____
- ☐ "Class A" Liquor (cider only) $ _____
- ☐ Reserve "Class B" Liquor $ _____
- ☐ "Class C" Liquor (wine only) $ _____

Fees	
License Fees	$ 100
Background Check Fee	$ 30
Publication Fee	$ 50
Total Fees	$ 180.00

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)
RM Gas & Food Mart Inc

2. Business Trade Name or DBA
JD united petroleum

3. FEIN
39-4427826

4. Wisconsin Seller's Permit Number
456-1032175572-04

5. Entity Type *(check one)*
☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☑ Corporation ☐ Nonprofit Organization

6. State of Organization
Wisconsin

7. Date of Organization
09/18/2025

8. Wisconsin DFI Registration Number
R095371

9. Premises Address
1530 Douglas Ave

10. City
Racine

11. State
WI

12. Zip Code
53404

13. County
Racine

14. Governing Municipality: ☑ City ☐ Town ☐ Village of: Racine

15. Aldermanic District
District 4

16. Premises Phone
414-241-7467

17. Premises Email
rubyjagam@gmail.com

18. Website
N/A

19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.
Beer is sold inside the store inside a walk in cooler only.
It's a convenience store with a laundry space for a gas station.

20. Mailing Address (if different from premises address)
1825 W kimberly Ave

21. City
Milwaukee

22. State
WI

23. Zip Code
53221

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☑ No

If yes, list the details of violation below. Attach additional sheets if necessary.

Law/Ordinance Violated	Location	Trial Date

Penalty Imposed	Was sentence completed? ..... ☐ Yes ☐ No

Law/Ordinance Violated	Location	Trial Date

Penalty Imposed	Was sentence completed? ..... ☐ Yes ☐ No

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

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

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? ☐ Yes ☑ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ☐ Yes ☑ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity	4b. Business Entity FEIN
RM Gas & Food Mart LLC	39-4427826

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☐ Yes ☑ No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☑ No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☑ No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
Kaur	Rupinder	Officer	414-241-7467
Rajput	Manleen	officer	414-292-8562

Part D: Attestation

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

• sole proprietor • one general partner of a partnership ✓ one corporate officer • one member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000 if convicted.

Last Name	First Name	M.I.
Kaur	Rupinder	

Title	Email	Phone
Officer	rubyjagam@gmail.com	414-241-7467

Signature	Date
	09/30/2025

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued

Signature of Clerk/Deputy Clerk	Date Provisional License Issued (if applicable)

Schedule for Appointment of Agent by Corporation / Nonprofit Organization or Limited Liability Company

Submit to municipal clerk.

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by an officer of the corporation/organization or one member/manager of a limited liability company and the recommendation made by the proper local official.

To the governing body of: ☐ Town ☐ Village ☑ City of Racine County of Racine

The undersigned duly authorized officer/member/manager of RM Gas & Food INC.
(Registered Name of Corporation / Organization or Limited Liability Company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as JD United Petroleum
(Trade Name)

located at 1530 Douglas Ave, Racine, WI 53404

appoints Rupinder Kaur
(Name of Appointed Agent)

1825 W Kimberly Ave Milwaukee WI 53221
(Home Address of Appointed Agent)

to act for the corporation/organization/limited liability company with full authority and control of the premises and of all business relative to alcohol beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation/ organization/limited liability company having or applying for a beer and/or liquor license for any other location in Wisconsin?

☑ Yes ☐ No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).
RM Gas & Food Mart INC.

Is applicant agent subject to completion of the responsible beverage server training course? ☑ Yes ☐ No

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 27 years

Place of residence last year 1825 W Kimberly Ave Milwaukee WI 53221

For: RM Gas & Food Mart INC.
(Name of Corporation / Organization / Limited Liability Company)

By: [signature]
(Signature of Officer / Member / Manager)

Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than $1,000.

ACCEPTANCE BY AGENT

I, Rupinder Kaur, hereby accept this appointment as agent for the
(Print / Type Agent's Name)

corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company.

[signature] 10/09/2025 Agent's age ___
(Signature of Agent) (Date)

1825 W Kimberly Ave Milwaukee WI 53221 Date of birth ___
(Home Address of Agent)

APPROVAL OF AGENT BY MUNICIPAL AUTHORITY
(Clerk cannot sign on behalf of Municipal Official)

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, the character, record and reputation are satisfactory and I have no objection to the agent appointed.

Approved on _____ by _____ Title _____
(Date) (Signature of Proper Local Official) (Town Chair, Village President, Police Chief)

Form
AB-101

Alcohol Beverage Appointment of Agent

Date 10/29/2025

Agent Type *(check one)*

☑ Original (no fee) ☐ Successor ($10 fee for municipal licensees only)

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)
RM GAS & FOOD MART INC.

2. Business Trade Name or DBA
JD United Petroleum

3. Entity Type *(check one)*
☐ Limited Liability Company ☑ Corporation ☐ Nonprofit Organization

4. Alcohol Beverage Business Authorization *(check one)*
☐ Municipal Retail License ☑ State Permit

5. If successor agent, provide State Permit or Municipal Retail License Number

6. Describe the reason for appointing a successor agent, if successor is checked above.
N/A

Part B: Agent Information

1. Last Name	2. First Name	3. M.I.
Kaur	Rupinder	

4. Email	5. Phone
rubyjiagam@gmail.com	414-241-7467

6. Home Address
1825 W Kimberly Ave Milwaukee, WI 53221

7. City	8. State	9. Zip Code	10. Age
Milwaukee	WI	53221	

11. Drivers License/State ID Number	12. Drivers License/State ID State of Issuance
[redacted]	Wisconsin

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? ☐ Yes ☑ No
Submit proof of completion.

2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire?* ☑ Yes ☐ No
Submit a completed Form AB-100 with this form.

3. Have you been a Wisconsin resident for at least 90 continuous days? ☑ Yes ☐ No
See instructions for exceptions.

Continued →

Part D: Business Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000 if convicted.

Last Name	First Name	M.I.
Kaur	Rupinder	

Title	Email	Phone
Officer	rubyjiagam@gmail.com	414-241-7467

Signature	Date
	10/09/2025

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	First Name	M.I.
Kaur	Rupinder	

Signature	Date
	10/09/2025

Form
AB-100

Alcohol Beverage Individual Questionnaire

Date 09/30/2025

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

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor): RM Gas & Food Mart LLC
2. Business Trade Name or DBA: JD United Petroleum
3. Entity Type *(check one)*: ☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☑ Corporation ☐ Nonprofit Organization

Part B: Individual Information

1. Last Name	2. First Name	3. M.I.
Kaur	Rupinder	

4. Relationship to Business (Title)	5. Email	6. Phone
Officer	rubyjicgam@gmail.com	414-241-7467

7. Home Address: 1825 W Kimberly Ave

8. City	9. State	10. Zip Code	11. Date of Birth
Milwaukee	WI	53221	

12. Drivers License/State ID Number	13. Drivers License/State ID State of Issuance
	Wisconsin

Part C: Address History

1. Do you currently reside in Wisconsin? ☑ Yes ☐ No

If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application? Years: 27 Months: 8

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

	City	State	Zip Code
Previous Address 1: 1825 W Kimberly Ave	Milwaukee	WI	53221
Previous Address 2: 3771 S. 75th St	Milwaukee	WI	53220
Previous Address 3			
Previous Address 4			
Previous Address 5			

3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.

State	County	State	County	State	County	State	County
WI	Milwaukee						

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? ..... ☐ Yes ☑ No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed? ..... ☐ 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	

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

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

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000 if convicted.

Signature	Date
[signature]	09/30/2025

Form **AB-100**

Alcohol Beverage Individual Questionnaire

Date 09/30/2025

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

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor): KM Gas & Food Mart LLC
2. Business Trade Name or DBA: JD United Petroleum
3. Entity Type *(check one)*: ☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☑ Corporation ☐ Nonprofit Organization

Part B: Individual Information

1. Last Name	2. First Name	3. M.I.
Rajput	Manleen	

4. Relationship to Business (Title)	5. Email	6. Phone
Officer	manleen.rajput2019@gmail.com	414-292-8562

7. Home Address: 1464 S. Michigan Ave Apt 505

8. City	9. State	10. Zip Code	11. Date of Birth
Chicago	IL	60605	

12. Drivers License/State ID Number	13. Drivers License/State ID State of Issuance
R213-5400-1678	Illinois

Part C: Address History

1. Do you currently live in Wisconsin? ☐ Yes ☑ No

If yes, provide the month and year when you permanently moved to Wisconsin (MM/YYYY): 16 years

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

	City	State	Zip Code
Previous Address 1: 10115 S. Hampton Dr.	Milwaukee	WI	53154
Previous Address 2:	City	State	Zip Code
Previous Address 3:	City	State	Zip Code
Previous Address 4:	City	State	Zip Code
Previous Address 5:	City	State	Zip Code

3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.

State	County	State	County	State	County	State	County
WI	Milwaukee						
IL	Cook						

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances?..... ☐ Yes ☑ No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed?..... ☐ 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	

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

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

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000 if convicted.

Signature	Date
Maurice Reynolds	10/02/2025

AMOUNT - $5.00 "CLASS B" - $10.00

LICENSE Expires June 30, 20__
APPLICATION FOR NONINTOXICATING BEVERAGE LICENSE

I/WE HEREBY APPLY FOR A LICENSE TO SELL AND/OR SERVE IN THE CITY OF RACINE FROM DATE HEREOF UNTIL JUNE 30, 2019 (UNLESS SOONER REVOKED), BEVERAGES OF LESS THAN ONE-HALF (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:

✓ **CORPORATION** ____ **PARTNERSHIP** ____ **INDIVIDUAL** ____ **OTHER**____
(Please specify)

PLEASE SUPPLY:

LEGAL NAME OF BUSINESS (/OWNER): RM Gas & Food Mart LLC

TRADE NAME: JD United Petroleum

BUSINESS ADDRESS: 1530 Doglas Ave, Racine, WI 53404

BUSINESS TELEPHONE: 414-241-7467 **ZIP CODE** 53404

HOME ADDRESS: 1825 W Kimberly Ave

CITY Milwaukee **STATE** WI **ZIP CODE** 53221

HOME TELEPHONE: 414-241-7467

SIGNATURE OF APPLICANT	KUPINDER KAUR **(Please print SIGNATURE)**	**DATE OF BIRTH**
Manleen Ratput **SIGNATURE OF PARTNER /(IF APPLIES)**	MANLEEN RATPUT **(Please print SIGNATURE)**	**DATE OF BIRTH**

Form **CTV-100**

Cigarette, Tobacco, and Electronic Vaping Device Retail License Application

FOR CLERKS ONLY
Municipality
License Period

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietor): RM Gas & Food Mart INC.

2. Business Trade Name or DBA: JD United Petroleum

3. FEIN: 39-4427826

4. Wisconsin Seller's Permit Number: 456-1032175572-04

5. Entity Type *(check one)*: ☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☑ Corporation

6. State of Organization: Wisconsin

7. Date of Organization: 09/18/2025

8. Wisconsin DFI Registration Number: R095371

9. Premises Address (do not use PO Box): 1530 Douglas Ave

10. City: Racine

11. State: WI

12. Zip Code: 53404

13. County: Racine

14. Governing Municipality: ☑ City ☐ Town ☐ Village of: Racine

15. Aldermanic District:

16. Mailing Address (if different from premises address): 1825 W Kimberly Ave

17. City: Milwaukee

18. State: WI

19. Zip Code: 53221

20. Premises Phone: 414-241-7467

21. Premises Email: rubyjagam@gmail.com

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.

Cigarettes and tobacco products are sold behind the counter and stored there as well. The store is convinience store for a gas station. Main area size is 2320 ft. Store includes Laundry.

Part B: Questions

1. What products will be sold at this business location? (check all that apply)
☑ Cigarettes ☑ Tobacco Products ☐ Electronic Vaping Devices

2. How will cigarettes, tobacco, and/or electronic vaping devices be sold? (check all that apply)
☑ Over the counter ☐ Vending machine

3. Is the applicant business owned by another business entity? ..... ☐ Yes ☑ No

If yes, provide the name and FEIN of the parent company below, identify parent company members in Part C, and attach Form CTV-101 for all of the parent company's members, partners, or officers.

3a. Name of Parent Company: _____

3b. FEIN of Parent Company: _____

Part C: Individual Information

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

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

Last Name	First Name	Title	Phone
Kaur	Rupinder	officer	414-241-7467
Rajput	Manleen	officer	414-292-8562

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
	10/02/2025

Name (Last, First, M.I.) Kaur, Rupinder

Title	Email	Phone
officer	rubyjiagam@gmail.com	414-241-7467

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		

Fee: $100.00
Record Check $15.00/per person

APPLICATION FOR GASOLINE SERVICE STATION LICENSE - CITY OF RACINE, WI

FEIN: 39-4427826

WI Seller Permit: 456-7032175572-04

Owner is (Please specify):

✓ CORPORATION OR LLC _____ PARTNERSHIP _____ INDIVIDUAL _____ OTHER _____

Name of Owner: Rupinder Kaur Owner Date of Birth: __ . __ . ____

Owner's Address: 1825 W Kimberly Ave Milwaukee, WI 53221

hereby applies for an Owner's License to conduct and maintain a gasoline service station at:

1530 Douglas Ave, Racine, WI 53404, until **June 30, 20** 30

Trade Name: JD United Petroleum

1. The applicant is the owner of said proposed business, which contains 2 tanks with the following capacities:
   Regular Gas Tank: 12,000 gallons - Premium Gas tank: 8,000 Gallons
2.* Attach sketch showing the location of the premises and structures, pumps, pipes, hoses, conductors and drain pits; the location and use of all buildings on adjoining property; the location of all sidewalks abutting on the gasoline service station premises; and the dimensions of the said premises.
3. List in chronological order employers during the preceding ten years (use opposite side of paper if necessary):

Employer's Name and Address	Nature of Business	Employed From	Employed To
Forest Petroleum Plaza	Gas Station	2017	2025

4. Have you ever been convicted of or have penalties or forfeitures assessed against you for violation of laws or ordinances governing the operation of gasoline service stations, the sale or traffic in gasoline, naphtha, benzole, lubricating oil or other flammable liquids having a flashpoint below 165 degrees Fahrenheit, or fraudulent practices of any nature? NO
   (If yes, state exact nature of conviction, penalty, or forfeiture and if applicable, trial court, trial date, and penalty imposed)

   N/A

The undersigned agrees that the license, if granted, will not be transferred to any other person or persons and Will conform to and abide by all the Ordinances of the City of Racine relating to gasoline service stations.

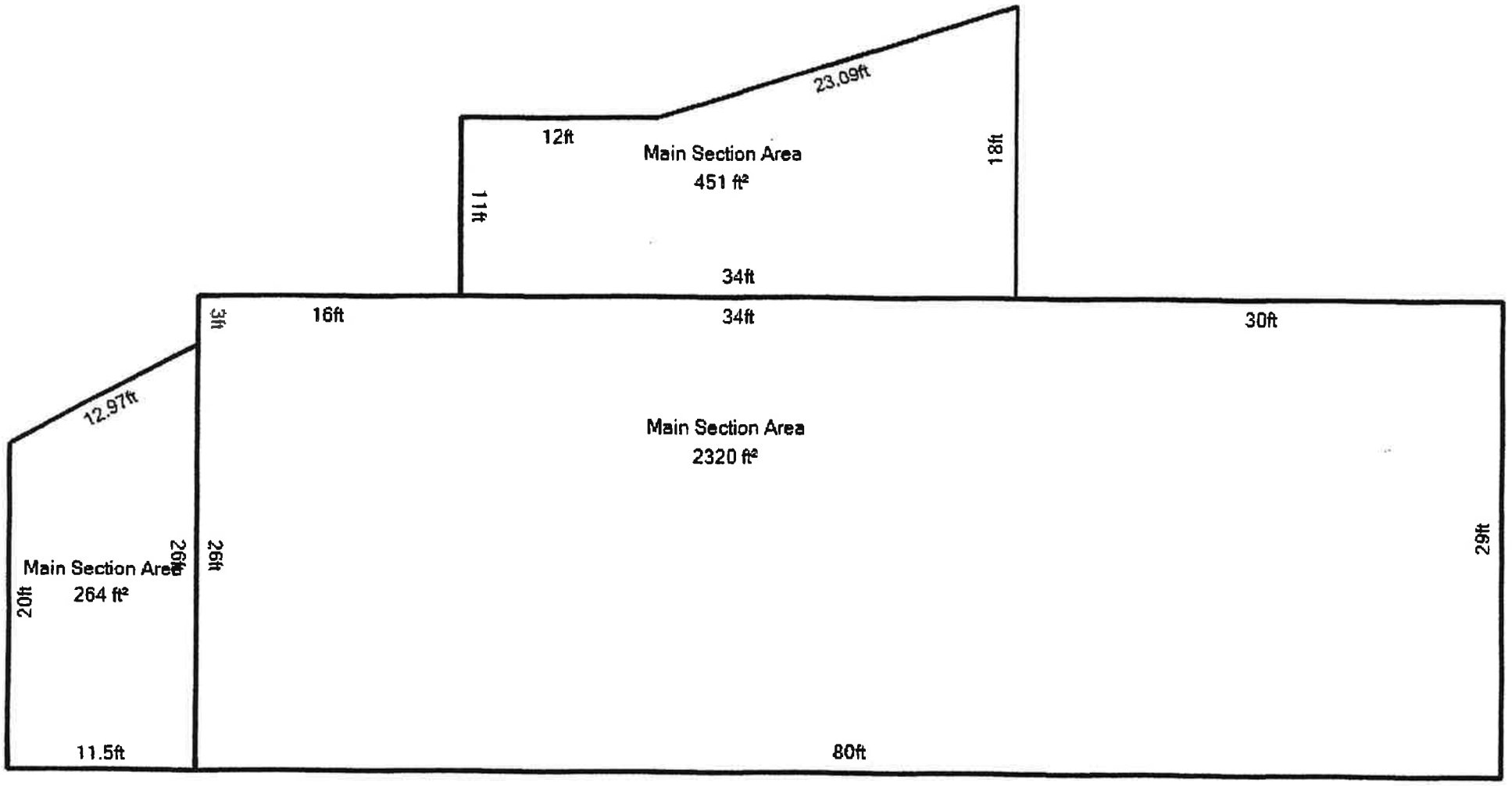
414-241-7467
Business Phone No.

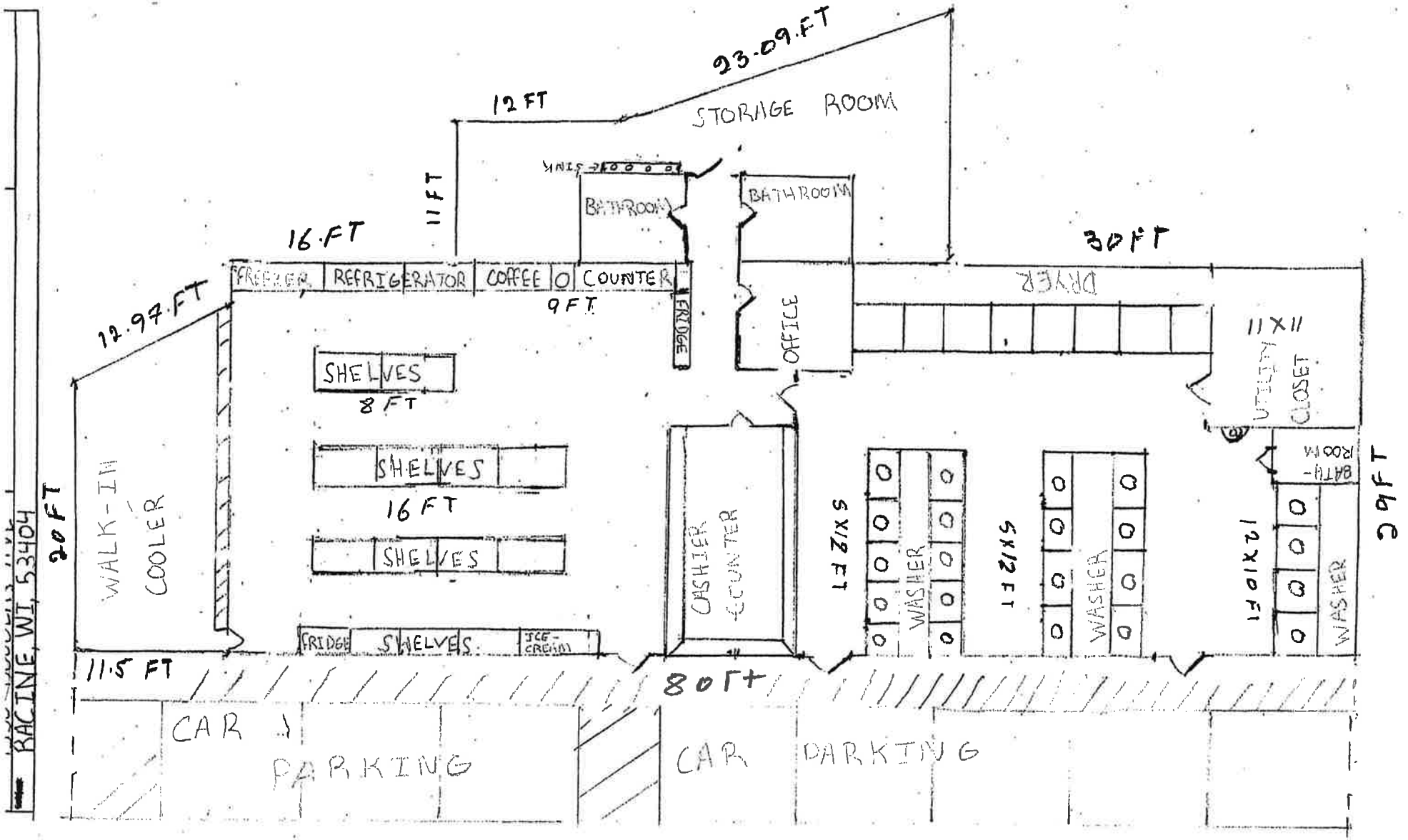
Signature of Applicant
Title: Officer

414-241-7467
Home Phone No.

Signature of Applicant
Title: Officer

SKETCH NOT REQUIRED ON RENEWALS UNLESS CHANGES HAVE BEEN MADE


23.09ft
12ft
Main Section Area
451 ft²
18ft
11ft
34ft
3ft
16ft
34ft
30ft
12.97ft
Main Section Area
2320 ft²
26ft
26ft
Main Section Area
264 ft²
20ft
29ft
11.5ft
80ft


RACINE, WI, 53404
20 FT
WALK-IN COOLER
12.97 FT
11.5 FT
16 FT
11 FT
12 FT
23.09 FT
STORAGE ROOM
SINK
BATHROOM
BATHROOM
FREEZER
REFRIGERATOR
COFFEE
COUNTER
9 FT
FRIDGE
OFFICE
SHELVES
8 FT
SHELVES
16 FT
SHELVES
FRIDGE
SHELVES
ICE-CREAM
CASHIER COUNTER
5 X 12 FT
WASHER
5 X 12 FT
WASHER
12 X 10 FT
WASHER
30 FT
DRYER
11 X 11
UTILITY CLOSET
BATH-ROOM
69 FT
80 FT
CAR PARKING
CAR PARKING