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): WALGREEN CO

2. Business Trade Name or DBA: WALGREENS #07437

3. FEIN: 36-1924025

4. Wisconsin Seller's Permit Number: 456-0000455-404-05

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

6. State of Organization: Illinois

7. Date of Organization: 02/15/1909

8. Wisconsin DFI Registration Number: W066585

9. Premises Address (do not use PO Box): 3825 DURAND AVE

10. City: Racine

11. State: WI

12. Zip Code: 53405-4424

13. County: Racine

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

15. Aldermanic District:

16. Mailing Address (if different from premises address): PO BOX 901

17. City: Deerfield

18. State: IL

19. Zip Code: 60015

20. Premises Phone: (262) 554-8686

21. Premises Email: mgr.07437@store.walgreens.com

22. Website: www.walgreens.com

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. Retail drugstore with sundries in a one-story building of 15,136sq ft.

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(s) and FEIN(s) of the business entity(s) below. Attach additional sheets if necessary

3a. Name of Business Entity: N/A

3b. FEIN of Business Entity: N/A

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following titles or positions in the applicant business and any businesses listed in Part B, Question 3: sole proprietor; all officers, directors, and agents of a corporation; all partners of a partnership; and all members and agents of a limited liability company. Attach additional sheets if necessary.

Include Form CTV-101, *Individual Questionnaire*, for each person listed below.

Last Name	First Name	Title	Phone
See attached rider of corporate officers			
Hanson	Kristin A	Agent	(262) 554-8686

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.
- I will not sell or offer for sale any electronic vaping device unless listed on the Wisconsin Department of Revenue's electronic vaping device directory.

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 allow 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 if convicted.

Signature	Date
M. Handal	3/24/26

Name (Last, First, M.I.): Handal, Michael, G.

Title	Email	Phone
Licensing and Provider Enrollment Officer	taxlicenserenewals@walgreens.com	847-527-2119

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**		

Date 3/10/26

Form **CTV-101**

Cigarette, Tobacco, and Electronic Vaping Device - Individual Questionnaire

Part A: Business Information

1. Legal Business Name (Individual name if sole proprietor)	WALGREEN CO
2. Business Trade Name or DBA	WALGREENS #07437

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.)
Hanson	Kristin	R

4. Relationship to Business (Title)	5. Email	6. Phone
Store Manager / Agent	mgr.07437@store.walgreens.com	(262) 554-8686

7. Home Address: W8243 Stockbridge Ct.

8. City	9. State	10. Zip Code	11. Date of Birth
Lake Mills	WI	53551	

12. Drivers License/State ID Number	13. Drivers License/State ID State of Issuance
H525-5168-0624-02	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.

	City	State	Zip Code
Previous Address 1: W8243 Stockbridge Ct.	Lake Mills	WI	53551
Previous Address 2			
Previous Address 3			
Previous Address 4			
Previous Address 5			
Previous Address 6			

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
WI	Eau Claire	WI	Jefferson				
WI	Dane						

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
Kristi Hansen	3/18/26

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 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 3/10/26

Agent Type (check one): ☐ Original ☑ Change

Part A: Agent Information

1. Last Name	2. First Name	3. M.I.
Hanson	Kristin	R

4. Email	5. Phone
mgr.07437@store.walgreens.com	(262) 554-8686

6. Home Address: W8243 Stockbridge Ct

7. City	8. State	9. Zip Code
Lake Mills	WI	53551

10. Date of Birth	11. Drivers License/State ID Number	12. Drivers License/State ID State of Issuance
[redacted]	H525-5168-0624-02	WI

Part B: Questions

1. Have you completed Form CTV-101, *Cigarette, Tobacco, and Electronic Vaping Device - 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.
New Store Manager for this location

Part C: Business Information

1. Legal Business Name (individual name if sole proprietor): WALGREEN CO

2. Business Trade Name or DBA: WALGREENS #07437

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

4. Premises Address: 3825 DURAND AVE

5. City	6. State	7. Zip Code
Racine	WI	53405-4424

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
M. Handal	4/10/26

Name of Person Signing	Title
Handal, Michael, G.	Licensing and Provider Enrollment Officer

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
Kristin Hanson	3/18/26