

6-30-26

RACINE CITY OF (TAX-WI)
City Clerk, 730 WASHINGTON AVE
RACINE, WI 53403

15206

Form
CTV-100

**Cigarette, Tobacco, and Electronic Vaping
Device Retail License Application**

FOR CLERKS ONLY	
Municipality	
License Period	7/1/25-6/30/26

Part A: Premises/Business Information		Permit FEE: 100
1. Legal Business Name (individual name if sole proprietor) Dolgenercorp, LLC		BGC FEE: \$45
2. Business Trade Name or DBA Dollar General Store # 15206		Ad FEE: \$50.00
3. FEIN 61-0852764	4. Wisconsin Seller's Permit Number 456-0000208845-05	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation		
6. State of Organization KY	7. Date of Organization 09/09/2000	8. Wisconsin DFI Registration Number <i>00043567 - Per Email</i>
9. Premises Address (do not use PO Box) 3440 DOUGLAS AVE		
10. City RACINE	11. State WI	12. Zip Code 53402-3752
13. County RACINE	14. Governing Municipality: <input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of RACINE CITY OF	15. Aldermanic District
16. Mailing Address (if different from premises address) Attn: Tax Licensing, 100 Mission Ridge		
17. City Goodlettsville	18. State TN	19. Zip Code 37072
20. Premises Phone (615) 855-4000	21. Premises Email TAX-BEERANDWINELICENSE@DOLLARGENERAL.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 Sq footage 8569 consisting of sales floor and stock room Vendor #215084 <i>BL</i> Invoice #202615206TOBCITY20 Batch #29939 \$100.00		

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 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(s) and FEIN(s) of the business entity(s) below. Attach additional sheets if necessary 3a. Name of Business Entity: <u>Dollar General Corporation</u> 3b. FEIN of Business Entity: <u>61-0502302</u>	

Vendor #215084 *BL*
Invoice #202615206TOBBGC21
Batch #29939 \$45.00

Vendor #215084 *BL*
Invoice #202615206BWNEWS22
Batch #29939 \$50.00

**SEPERATE CHECK
PLEASE RETURN CHECK TO:
ABBY BATEY**

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
Brining	Zachary	SVP-Store Ops	(615) 855-4000
Taylor	Emily	EVP-Merch (CMO)	(615) 855-4000
Van Bendegom	Kelli	District Manager	(615) 855-4000

Part D: Attestation

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

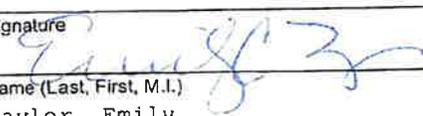
- sole proprietor
- one general partner of a partnership
- one corporate officer
- one managing member of an LLC

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 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 4-10-25
Name (Last, First, M.I.) Taylor, Emily	
Title EVP-Merch (CMO)	Email TAX-BEERANDWINELICENSE@DOLLARGENERAL.COM
Phone (615) 855-4000	

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 4/24/25

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 #		15206	
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) Taylor	2. Name (First) Emily	3. Name (M.I.) C	
4. Relationship to Business (Title) EVP-Merch (CMO)	5. Email TAX-BEERANDWINELICENSE@DOLLARGENERAL.COM	6. Phone (615) 855-4000	
7. Home Address 1805 OTTER CREEK RD			
8. City NASHVILLE	9. State TN	10. Zip Code 37215	11. Date of Birth
12. Drivers License/State ID Number		13. Drivers License/State ID State of Issuance TN	

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 SAME ADDRESS FOR 5+ YEARS	City	State	Zip Code
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 TN	County DAVIDSON	State	County
State	County	State	County
State	County	State	County

Continued →

Part D: Individual's Criminal History

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

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

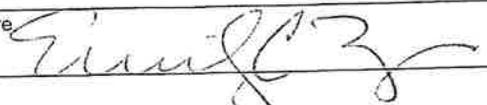
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated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

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

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 # 15206

3. Entity Type (check one)
 Sole Proprietor
 Partnership
 Limited Liability Company
 Corporation

Part B: Individual Information

1. Name (Last) BRINING	2. Name (First) ZACHARY	3. Name (M.I.) J
4. Relationship to Business (Title) SVP-Store Ops	5. Email TAX-SEEERANDWINELICENSE@DOLLARGENERAL.COM	6. Phone (615) 855-4000
7. Home Address 1019 MORCHELLA PRIVATE WAY		
8. City HENDERSONVILLE	9. State TN	10. Zip Code 37075
11. Date of Birth		12. Drivers License/State ID Number
		13. Drivers License/State ID State of Issuance TN

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
1017 MONTROSE DR	GALLATIN	TN	37066
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
IL	KANE	TN	SUMNER	MN	HENNEPIN	MN	RAMSEY
IL	CHAMPAIGN	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:

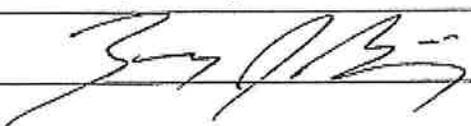
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated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

2110

Date 3-12-25

Form CTV-101

Cigarette, Tobacco, and Electronic Vaping Device License - Individual Questionnaire 20183636-7

V-215084

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)
DOLGENCORP, LLC

2. Business Trade Name or DBA
DOLLAR GENERAL STORE # 15206

3. Entity Type (check one)
 Sole Proprietor
 Partnership
 Limited Liability Company
 Corporation

Part B: Individual Information

1. Name (Last) Van Bredogom	2. Name (First) Kelli	3. Name (M.I.) A
4. Relationship to Business (Title) Employee	5. Email Kvanbend@general.com	6. Phone 715-558-4447
7. Home Address W204S10360 Cindy Ct.		
8. City Muskego	9. State WI	10. Zip Code 53150
12. Drivers License/State ID Number		11. Date of Birth
		13. Drivers License/State ID State of Issuance Wisconsin

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 7817 Trilium Tr.	City Wind Lake	State WI	Zip Code 53185
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 Racine	State WI	County Kenosha	State WI	County Waukesha	State WI	County Eau Claire
State WA	County King	State WA	County Clark	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>Calvin Van Bendegom</i>	Date <i>3-12-25</i>
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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 qualifies to serve in the reported role with the above-named business.

Name of Local Official	Title
Signature of Local Official	Date

Cigarette, Tobacco, and Electronic Vaping Device Appointment of Agent

Date 03-12-25

Agent Type (check one): Original Change

Part A: Agent Information

1. Last Name: Van Bendegon
 2. First Name: Keller
 3. M.I.: A

4. Email: tax-berrandw@licens@dollargeneral.com
 5. Phone: (615) 855-4000

6. Home Address: 10360 Cindy Ct
 7. City: Mustang
 8. State: WI
 9. Zip Code: 53157

10. Date of Birth: _____
 11. Drivers License/State ID Number: _____
 12. Drivers License/State ID State of Issuance: Wisconsin

Part B: Questions

1. Have you completed Form CTV-101, Cigarette, Tobacco, and Electronic Vaping Device License - Individual Questionnaire? Submit a completed Form CTV-101 with this form. Yes No

2. If this is a change of agent, please describe the reason for the agent change. Attach additional sheets if necessary.
 CHANGE OF MANAGER

Part C: Business Information

1. Legal Business Name (Individual name if sole proprietor): DOLGENCORP, LLC
 2. Business Trade Name or DBA: DOLLAR GENERAL STORE # 15206
 3. Entity Type (check one): Limited Liability Company Corporation

4. Premises Address: 3440 Douglas Ave
 5. City: Racine
 6. State: WI
 7. Zip Code: 53402

Part D: Attestations

READ CAREFULLY BEFORE SIGNING: I, the Licensee, authorize the above-named individual to act for the above-named corporation or limited liability company with full authority and control of the premises and of all business relative to cigarettes, tobacco products, and/or electronic vaping devices conducted therein. I certify that I am authorized by the entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature of Licensee (officer, member, or authorized signatory): [Signature]
 Date: 4/25/25
 Title: CFO/LLC Manager

Name of Person Signing for Licensee: Emily Taylor

Signature of Agent: [Signature]
 Date: 03-12-25

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.