

Office of the City Clerk

Tara Coolidge
City Clerk/Treasurer

Amber Pfeiffer
Assistant City Clerk/Treasurer



City of Racine, Wisconsin

City Hall
730 Washington Avenue, #103
Racine, Wisconsin 53403
(262) 636-9171
Fax: (262) 636-9298
Email: clerks@cityofracine.org

This is to confirm that your application for a Gas Station located at
2101 Douglas Ave will be presented to the Public Safety and Licensing
Committee on April 11, 2022 at 5:00P.M., virtually. **Your attendance is mandatory.**

If for any reason you decide to withdraw your application, it must be done in writing and filed with
the City Clerk's Office **prior to issuance of your license.** Any refunds for a denied or withdrawn
license application will be refunded, minus publication, records check and a \$40.00 processing fee.

If the license is granted, it is understood that the applicant will not be issued a license until all
necessary departmental approvals are received by the City Clerk's Office.

Signature of applicant [Signature]

Signature of applicant/partner _____

Today's Date 04-01-2022

Checklist for Signoffs

Fee: \$100.00
Record Check \$15.00/per person

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

FEIN: 88-1459047
WI Seller Permit: 456-1030978928-04

Owner is (Please specify):

L CORPORATION OR LLC _____ PARTNERSHIP _____ INDIVIDUAL _____ OTHER _____

Name of Owner: MUHAMMAD A RANA Owner Date of Birth: _____

Owner's Address: 4624 W DEVINSHIRE DR FRANKLIN WI 53132

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

2101 DOUGLAS AVE RACINE WI 53402 until June 30, 20__

Trade Name: M&M

1. The applicant is the owner of said proposed business, which contains 4 tanks with the following capacities:

12000.00 3 1-6000.00

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	From	Employed To
<u>MUHAMMAD RANA</u>	<u>GAS STATION</u>	<u>2019</u>	<u>2022</u>

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?

(If yes, state exact nature of conviction, penalty, or forfeiture and if applicable, trial court, trial date, and penalty imposed)

NO

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.

414-688-0547
Business Phone No.

Signature of Applicant

Title: OWNER

414-688-0547
Home Phone No.

Signature of Applicant

Title: OWNER

SKETCH NOT REQUIRED ON RENEWALS UNLESS CHANGES HAVE BEEN MADE

Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

MUNICIPAL USE ONLY

License Number
Period Covered
Date of Issuance

Applicant's Wisconsin 15-digit Sales Tax Account Number

4561030978928-04

← This must be issued in the same Legal Name of the licensee below.

Legal Name (corporation, limited liability company, partnership or sole proprietorship) ASHAR PETROLEUM LLC			Federal Employer Identification No. (FEIN) 88-1459047	
Trade or Business Name (if different than Legal Name) HEM			Telephone Number (414) 688-0547	
Business Address (License Location) 2101 DOUGLAS AVE		Business Located In <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town		Business Telephone ()
Municipality Racine	State WI	Zip Code 53402	County RACINE	
Mailing Address (if different than Business Address)			Municipality	State Zip Code

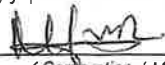
Organization (check one)

- ☒ Sole Proprietor ☐ Wisconsin Corporation – Enter date incorporated: _____
☐ Partnership ☐ Out-of-State Corporation – Are you registered to do business in Wisconsin? ☐ Yes ☐ No
☐ Other (describe) _____

- ☒ Yes ☐ No 1. Does the applicant understand that they must purchase cigarettes and tobacco products only from distributors, jobbers, or subjobbers, who hold a permit with the Wisconsin Department of Revenue?
- ☒ Yes ☐ No 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-266-6701. See application form CTP-129, revenue.wi.gov/dorforms/ctp-129.pdf.)
- ☒ Yes ☐ No 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
- ☒ Yes ☐ No 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (<https://witobaccocheck.org>)
- ☒ Yes ☐ No 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?
- ☒ Yes ☐ No 6. Does the applicant understand that they may not sell single cigarettes?
- ☒ Yes ☐ No 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
- ☐ Yes ☐ No 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at www.doj.state.wi.us/dls/tobacco-directory may be sold in Wisconsin?

Cigarettes / Tobacco will be sold ☒ over counter ☐ through vending machine ☐ both

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees 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.


(Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)

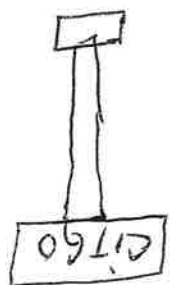
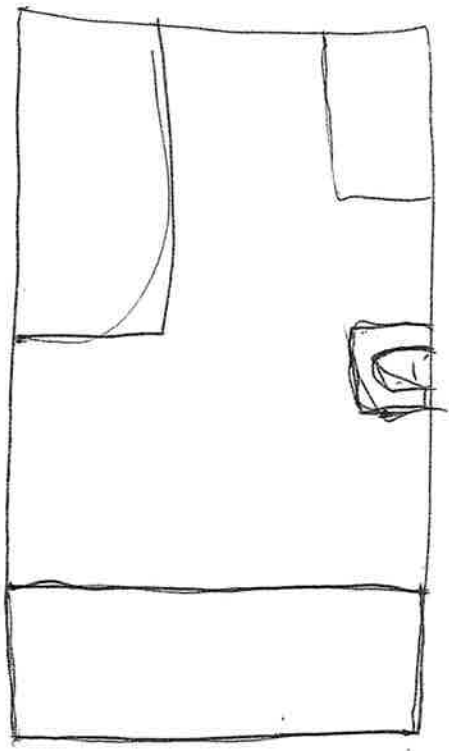
Applicable Laws and Rules

This document provides statements or interpretations of the following laws and regulations in effect as of September 19, 2019: Sections 134.65, 134.66, 139.321, 139.79, 139.76, 995.10, and 995.12, Wis. Stats.

4101 DOWNTOWN AVE KACIU.WI. 53402
ASHAR PETROLEUM LLC

GARBAGE

CAR WASH



The City Clerk's Office is updating our current licensing database. In order to move forward with only the most current information, please complete this contact form and return it with you license renewal.

CONTACT FORM

Business Owner/Owner Entity: MUHAMMAD RANA / ASHAR PETROLEUM LLC

Trade Name: M & M

Business Address: 2101 DOUGLAS AVE RACINE WI 53402

Website: _____

Business Email Address: RANA97436@gmail.com

Regular Operating Days/Hours: 7 DAY - 6:00 AM - 10:00 P.M

Agent Name: MUHAMMAD A. RANA

Agent Home Address: 4624 W DEVINSHIRE DR FRANKLIN WI 53132

Agent Emergency Contact Number: 414-688-0547

Agent Email Address: RANA97436@gmail.com

Agent Date of Birth: _____

Name of additional members of Business: Date of Birth of additional members:

MUHAMMAD A. RANA - - - - -

MUHAMMAD F. YOUSUF - - - - -

414-630-5455 - - - - -

This form is required to be turned in with your renewal application, for your application to be considered complete. If you have any questions, please contact the City Clerk's Office at (262) 636-9171.