

C-7222
E-7223

Fee: \$100.00

Record Check \$15.00/per person

Bill: 7151

B-2434

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

FEIN: 88-3874376

WI Seller Permit: 456-1031131064-04

Owner is (Please specify):

21MAL CORPORATION OR LLC _____ PARTNERSHIP _____ INDIVIDUAL _____ OTHER _____

Name of Owner: MUHAMMAD F YOUSUF Owner Date of Birth: [REDACTED]

Owner's Address: 6371 S 35TH ST #74 FRANKLIN W.I 53132

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

4301 WASHINGTON AVE, until June 30, 20__.

Trade Name: AMOCO

1. The applicant is the owner of said proposed business, which contains 3 tanks with the following capacities:

10,000 REGULAR 8000 DIESEL PREMIUM 10,000

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):

Employed

Employer's Name and Address Nature of Business From To

MUHAMMAD F YOUSUF

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)

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.

Business Phone No.

Signature of Applicant
Title: OWNER

(414) 630-5455

Home Phone No.

Signature of Applicant
Title: _____

SKETCH NOT REQUIRED ON RENEWALS UNLESS CHANGES HAVE BEEN MADE

Bill: 7152

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

456-1031131064-04

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

Legal Name (corporation, limited liability company, partnership or sole proprietorship) ZIMAL LLC			Federal Employer Identification No. (FEIN) 88-3874376		
Trade or Business Name (if different than Legal Name) Amoco			Telephone Number (414) 630-5455		
Business Address (License Location) 4301 WASHINGTON AVE			Business Telephone ()		
Municipality	State W.I	Zip Code 53405	County RACINE		
Mailing Address (if different than Business Address)			Municipality		
			State W.I Zip Code 53405		

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 only from distributors or jobbers 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/forms/excise/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)