## 20172110-4

## Bul: 991

License Number

MUNICIPAL USE ONLY

## Application for Cigarette and Tobacco Products Retail License

Si	ubmit to m	nunicipal clerk.	Period Covered		
		it Sales Tay Account Number	Date of Issuance		
4560	103003	This must be issued in the same Legal Name of the licensee below.			
Legal Name	e (cornoration limite	d liability company, partnership or sole proprietorship)	Federal Employer Identification No. (FEIN)		
let	Cesul.	Johnson	87-34/8569		
Trade or Bu	sines Name (if o	lifferent than Legal Name)	Telephone Number		
الل	Subs	LLC	(262) 664-0607		
Business Ad	7 Mad	ocation)    Business Located In   City   Village   Tov	Business Telephone ( )		
Municipality		State Zip Code WT 53403 of Racine	County		
		han Business Address) Municipality	State Zip Code		
191	Mead	st Racine	WI 53403		
Organization (check one)					
Sole Proprietor Wisconsin Corporation – Enter date incorporated: 8////d() /					
Partne	ership	Out-of-State Corporation – Are you registered to do business	s 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	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, <a href="revenue.wi.gov/forms/excise/ctp-129.pdf">revenue.wi.gov/forms/excise/ctp-129.pdf</a> .)			
Yes	☐ No	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	Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? ( <a href="https://witobaccocheck.org">https://witobaccocheck.org</a> )			
Yes	□ No	. 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 ci	. 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	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 <a href="https://www.doj.state.wi.us/dls/tobacco-directory">www.doj.state.wi.us/dls/tobacco-directory</a> may be sold in Wisconsin?				
Cigarette	s / Tobacco	will be sold  over counter  through vending m	achine  both		
been truth	nfully answere	EFORE SIGNING: Under penalty provided by law, the applicant state of the best of the knowledge of the applicant. Applicant agrees to oppossibilities conferred by the license(s), if granted, cannot be assigned	erate this business according to law and		

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 Ljability Corporaty / Partner / Individual