

New Liquor License Packet

The first time you arrive at the Clerk's Office you will be given this packet. Included in this packet are:

- Application
- Business Plan Questionnaire
- Directions for Scheduling Inspections
- Good Neighbor Meeting Directions
- What's Next?

In order for your application to be accepted you **MUST** provide:

- Completed Application (including this packet)
- Conditional Surrender of License (if taking over a current license)
- Auxiliary Questionnaire Form (1 per each officer of the business and agent listed on the application)
- Schedule of Appointment of Agent
- Business Plan Questionnaire
- Proof of FEIN
- Proof of WI Sellers Permit

Before your license will be issued the following **MUST** be completed:

- Proof of Responsible Beverage Course
- Attend a Public Safety and Licensing Committee Meeting
- Attend a Good Neighbor Meeting
- Common Council Approval (it is not mandatory to attend this meeting)
- All department sign offs must be complete
 - It is your responsibility to call the people/departments listed below to setup appointments to have your premise inspected.
 - Environmental Health Department - located at City Hall in Room 1 (262) 636-9203
 - Building Department – located at City Hall in Room 304 (262)636-9464
 - Fire Department – located in the City Public Safety Building (262) 635-7915

Business Name: RAZA'S US PANTRY LLC

Business Address: 1627 WASHINGTON AVE, RACINE, WI, 53403.

DBA Name: US PANTRY

District: 3 Your Business Alder: _____ Alder Phone: _____

Public Safety and Licensing Date: _____ at 5:30PM in Room 307 (your appearance is mandatory)

Good Neighbor Meeting: _____ at _____ in Room 303 (you appearance is mandatory)

Printed Name: Ghulam Raza Mian Signature: Ghulam Raza Mian

BUSINESS PLAN QUESTIONNAIRE

Business Owner/ Ownership Entity GHULAM RAZA MIAN
Trade Name RAZA'S US PANTRY LLC
Business Address 1627 WASHINGTON AVE, RACINE, WI, 53408
Website _____
Business Email Address RZMIAN@HOTMAIL.COM
Agent Name GHULAM RAZA MIAN
Agent Home Address 6129 50th AVE, KENOSHA, WI, 53142
Agent Emergency Contact Number 262-960-2728
Agent Email Address RZMIAN@HOTMAIL.COM
Who Intends to be mainly in charge of daily operations? OWNER
Is your business currently open? No

If no, please complete the following Statement of Intent:

I understand that the granting of this license would be conditional on my being able to operate within 6 months of common council approval. I intend to operate under the license within six months of common council approval. If I am not able to operate within 6 months, I may request a one-time extension of up to 3 months. If I am still not actively operating under the license within 9 months of common council approval, my license will be considered denied and I will have to re-apply for a new license. GRM Initials.

What is your estimated gross monthly revenue for each of the following categories:

9,000 Alcoholic beverages
31,000 Food
60,000 Other (please specify)

How many people do you intend to employ full time? 1

How many people do you intend to employ part time? 1

What is the square footage of the premise to be licensed? SCA 2,018.

What is your best estimation of the value of the business? \$800,000.00

Please describe the current parking situation.

FRONT PARKING 4 SPACES
SIDE BACK PARKING 4 SPACES

Please describe how you intend to handle crowds, during both regular business hours and at bar close.

Have experience running two other stores

Describe the business that you are buying/opening.

CONVENIENCE STORE WITH GASOLINE

How will your establishment affect the quality of life for the citizens of Racine?

It is a convenience store with gasoline for public convenience and it is there for past 20 years.

Does the location that you are applying for already have an alcohol license? YES

If yes, what type of alcohol license? CLASS A

Are you or the corporation buying the building or leasing it? Buying / Leasing

Will you be doing any remodeling; and if so, what are your plans?

NO

What type of experience do you have that would prepare you for this type of business?

OWN TWO OTHER STATIONS

What will your hours of operation be?

- Monday 6:00 AM - 12:00 AM
- Tuesday
- Wednesday
- Thursday

- Friday
- Saturday
- Sunday

Will you be offering food? If so, what type of menu will you have? Do you have a kitchen? (Please attach a copy of your menu if available)

PACKAGED FOODS ONLY

How many customers do you expect on your busiest days? 200

How do you intend to handle litter and garbage?

Employees will do daily

How will noise at the premise be addressed?

It is a convenience store and customers' average time in the store is 1 or 2 minutes. It is not a noisy place. This is operating for last 20 years.

What is your security plan?

Security cameras

What type of video surveillance do you intend to have on the premise (please list equipment)?

night owl security system

Will music be played at your location? Yes ☒ No

If yes, how will music be played? Jukebox Live DJ Radio Other

Fee: \$60.00
Record Check: \$15

License Expires June 30, 20____
New____ Renewal____
FEIN#: _____

APPLICATION FOR PUBLIC DANCE HALL LICENSE

The undersigned hereby applies for a license to conduct a Public Dance Hall at:

_____ in the City of Racine, Wisconsin, in accordance with the provisions of Chapter 22.09 of the Municipal Code of the City of Racine and has checked with the **Building Department** on _____ to verify that this location is zoned properly for a Public Dance Hall.

1. Name of individual, firm, partnership or corporation: _____
2. Names, residences and ages of the applicant if an individual, firm or partnership or of the principal Officers if a corporation or association:

NAME	RESIDENCE	DATE OF BIRTH

3. The following person or persons are hereby designated as Manager of the said dance hall:

NAME	RESIDENCE	DATE OF BIRTH

4. The date and place of any conviction (if any) of an offense under Chapter 22.09 or under any similar law, ordinance or regulation of any person connected with this venture.

5. The name and address of the person owning the premises for which a license is sought:

Signature of Applicant or Agent

Please Print or Type Name

AMOUNT - \$ 5.00
"CLASS B" - \$10.00

#4870

Expires June 30, 20
FEIN#: 86-2663103

CITY OF RACINE
APPLICATION FOR NONINTOXICATING BEVERAGE LICENSE

I/WE HEREBY APPLY FOR A LICENSE TO SELL AND/OR SERVE IN THE CITY OF RACINE FROM DATE
HEREOF UNTIL JUNE 30, 20__ (UNLESS SOONER REVOKED), BEVERAGES OF LESS THAN ONE-HALF (½)
OF ONE (1) PER CENTUM OF ALCOHOL BY VOLUME SUBJECT TO THE LIMITATIONS IMPOSED BY SECTION
66.0433(1) OF THE WISCONSIN STATUTES, AND HEREBY AGREE TO COMPLY WITH ALL LAWS,
RESOLUTIONS, ORDINANCES AND REGULATIONS AFFECTING THE SALE OF SUCH BEVERAGES.

PLEASE ANSWER THE FOLLOWING QUESTIONS FULLY AND COMPLETELY:

(Check One:) BUSINESS IS:

____ CORPORATION ____ PARTNERSHIP ____ INDIVIDUAL
____ OTHER LLC

(Please specify)

PLEASE SUPPLY:

LEGAL NAME OF BUSINESS (OWNER): RAZA'S U S PANTRY LLC

TRADE NAME: U S PANTRY

BUSINESS ADDRESS: 1627 WASHINGTON AVE RACINE WI 53403

BUSINESS TELEPHONE: 262-632-2215 ZIP CODE: 53403

HOME ADDRESS: 6129 50TH AVE

CITY KENOSHA STATE WISCONSIN ZIP CODE 53142

HOME TELEPHONE: 262-960-2728

Ghulam Raza
SIGNATURE OF APPLICANT

GHULAM RAZA MIAN
(Please print Name)

DATE OF BIRTH

SIGNATURE OF PARTNER (IF APPLIES)

(Please print Name)

DATE OF BIRTH

03-03-21
DATE

Fee: \$40.00 for each device
Fee: # _____ X \$40.00 =

Expires June 30, 20____

FEIN#: _____

CITY OF RACINE
APPLICATION FOR LICENSE TO OPERATE
JUKE BOXES, MECHANICAL AMUSEMENT DEVICES, VIDEO GAMES AND POOL TABLES

I/WE, hereby apply for a license to operate Juke Box, Mechanical Amusement Device and/or Video Game as defined in Sections 22-166 through 22-181 of the Municipal Code of the City of Racine from the date hereof until JUNE 30, 2019 (unless sooner revoked), subject to limitations thereof and supplementary thereto, and agree to comply with all laws, resolutions and ordinances adopted by the Common Council of the City of Racine pertaining to the same.

I certify that I am a resident of the State of Wisconsin continuously since _____, and of the City of Racine continuously since _____.

IF INDIVIDUAL:

NAME OF APPLICANT _____

ADDRESS OF APPLICANT _____ ZIP _____

IF PARTNERSHIP:

NAME _____ STATE OF PARTNERSHIP _____

NAME AND COMPLETE ADDRESS OF ALL PARTNERS (use reverse side if more space is needed):

IF CORPORATION, LLC, CLUB OR ASSOCIATION:

NAME _____ STATE OF INCORPORATION _____

NAME AND COMPLETE ADDRESS OF ALL OFFICERS:

ALL APPLICANTS:

NAME OF PERSON IN CHARGE: _____

TRADE NAME: _____ PHONE: _____

ADDRESS OF BUSINESS: _____

NATURE OF BUSINESS CONDUCTED ON PREMISES: TAVERN _____ OTHER _____

****GAMBLING MACHINES THAT PAY OUT MONEY ARE ILLEGAL AND MUST BE REMOVED FROM THE PREMISES. FAILURE TO DO SO CARRIES THE RISK OF PROSECUTION AND SUSPENSION/NON-RENEWAL/REVOCATION OF CITY-ISSUED LICENSES, DEPENDING ON THE TYPE OF LICENSE HELD.****

MECHANICAL

<u>No. of Devices</u>	<u>Description of type of device</u>	<u>Device location in the establishment</u>
# _____	Type: _____	Location: _____
# _____	Type: _____	Location: _____
# _____	Type: _____	Location: _____
# _____	Type: _____	Location: _____
# _____	Type: _____	Location: _____

VIDEO GAMES

# _____	Type: _____	Location: _____
# _____	Type: _____	Location: _____
# _____	Type: _____	Location: _____
# _____	Type: _____	Location: _____
# _____	Type: _____	Location: _____

POOL TABLES

# _____	Type: _____	Location: _____
# _____	Type: _____	Location: _____

JUKE BOX

# _____	Type: _____	Location: _____
# _____	Type: _____	Location: _____

SIGNATURE OF APPLICANT

DATE OF BIRTH _____

#16-# 1899

#4868

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk)

For the license period beginning

ending June 30, 22To the Governing Body of the: ☐ Town of
☐ Village of
☒ City of

RACINE

County of RACINEAldermanic Dist. No. 3
(if required by ordinance)Check one: ☐ Individual ☒ Limited Liability Company
☐ Partnership ☐ Corporation/Nonprofit Organization

Applicant's Wisconsin Seller's Permit Number <u>456-1625693173-06</u>	
FEIN Number <u>86-2063103</u>	
TYPE OF LICENSE REQUESTED	FEE
<input checked="" type="checkbox"/> Class A beer	\$
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$
TOTAL FEE	\$

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)

RAZA'S U.S. PANTRY LLC

An "Auxiliary Questionnaire," Form AT-103, must be completed and attached to this application by each individual applicant, by each member of a partnership, and by each officer, director and agent of a corporation or nonprofit organization, and by each member/manager and agent of a limited liability company. List the full name and place of residence of each person.

President / Member Last Name <u>MIAN</u>	(First) <u>GHULAM</u>	(Middle Name) <u>RAZA</u>	Home Address (Street, City or Post Office, & Zip Code) <u>6129 50TH AVE KENOSHA, WI 53142</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Agent Last Name <u>MIAN</u>	(First) <u>GHULAM</u>	(Middle Name) <u>RAZA</u>	Home Address (Street, City or Post Office, & Zip Code) <u>6129 50TH AVE KENOSHA, WI 53142</u>
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name U.S. PANTRY Business Phone Number 262-632-2215
 2. Address of Premises 1627 WASHINGTON AVE Post Office & Zip Code 53403

3. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)

1 STORY BUILDING
ALCOHOL SOLD & STORED IN WALK IN COOLER
AND BACKROOM

4. Legal description (omit if street address is given above):

5. (a) Was this premises licensed for the sale of liquor or beer during the past license year? ☒ Yes ☐ No

(b) If yes, under what name was license issued? MOHINDER SINGH

AT (over 50%)

Wisconsin Department of Revenue

6. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? If yes, explain ☐ Yes ☒ No

7. Is the applicant an employee or agent of, or acting on behalf of anyone except the named applicant? ☐ Yes ☒ No
If yes, explain.

8. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? If yes, explain ☒ Yes ☐ No

U.S. Pantry, Deep Oil Corporation
Mohinder Singh

9. (a) Corporate/limited liability company applicants only: Insert state _____ and date _____ of registration.

(b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? If yes, explain ☐ Yes ☒ No

(c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? ☒ Yes ☐ No
If yes, explain.

Class A Beer at 2240 Northwestern Ave Racine
Class A Beer at Geo 4 Mile Rd Racine

10. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [phone 1-877-882-3277] ☒ Yes ☐ No

11. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☒ Yes ☐ No

12. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No

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 signer. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000. Signer agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants, or one member of a partnership applicant must sign; one corporate officer, one member/manager of Limited Liability Companies must sign.) 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.

Contact Person's Name (Last, First, MI) MIAN GHULAM RAZA	Title/Member OWNER	Date 03-03-21
Signature Ghulam Raza	Phone Number 262-960-2728	Email Address

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council / board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

AT 105 (R 3-19)

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) <small>(last name)</small> MIAN		<small>(first name)</small> GHULAM		<small>(middle name)</small> RAZA	
Home Address (street/route) 6129 50TH AVE		Post Office KENOSHA	City KENOSHA	State WI	Zip Code 53142
Home Phone Number 262-960-2728		Age	Date of Birth	Place of Birth PAKISTAN	

The above named individual provides the following information as a person who is (check one):

☒ Applying for an alcohol beverage license as an individual.

☐ A member of a partnership which is making application for an alcohol beverage license.

☐ **MIAN GHULAM RAZA** ☒ of **RAZA'S US PANTRY LLC**
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

1. How long have you continuously resided in Wisconsin prior to this date? _____
2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? ☐ Yes ☒ No
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? ☐ Yes ☒ No
 If yes, describe status of charges pending.
4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? ☐ Yes ☐ No
 If yes, identify. _____
(Name, Location and Type of License/Permit)
5. Do you hold and/or are you an officer, director, stockholder, agent or employee of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? ☐ Yes ☒ No
 If yes, identify. _____
(Name of Wholesale Licensee or Permittee) (Address By City and County)

6. Named individual must list in chronological order last two employers.

Employer's Name MIAN'S PETROLEUM	Employer's Address 5006 60TH ST. KENOSHA	Employed From 01-01-2006	To 10-14-2014
Employer's Name RAZA PETROLEUM	Employer's Address 600 4 MILE RD RACINE	Employed From 10-15-2014	To Current

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.


(Signature of Named Individual)

**Schedule for Appointment of Agent by Corporation / Nonprofit
Organization or Limited Liability Company**

Submit to municipal clerk.

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by an officer of the corporation/organization or one member/manager of a limited liability company and the recommendation made by the proper local official.

To the governing body of: ☐ Town ☐ Village ☒ City of Racine County of Racine

The undersigned duly authorized officer/member/manager of Raza's US Pantry
(Registered Name of Corporation / Organization or Limited Liability Company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as

U.S Pantry
(Trade Name)

located at 1627 Washington Ave Racine, WI 53403

appoints Ghulam Raza Mian
(Name of Appointed Agent)

6129 50th Ave Kenosha, WI 53142
(Home Address of Appointed Agent)

to act for the corporation/organization/limited liability company with full authority and control of the premises and of all business relative to alcohol beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation/organization/limited liability company having or applying for a beer and/or liquor license for any other location in Wisconsin?

☒ Yes ☐ No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).

Raza LLC in Racine / Raza Petroleum in Racine

Is applicant agent subject to completion of the responsible beverage server training course? ☒ Yes ☐ No

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? _____

Place of residence last year Kenosha WI

For: Raza's US Pantry
(Name of Corporation / Organization / Limited Liability Company)

By: Ghulam Raza
(Signature of Officer / Member / Manager)

Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than \$1,000.

ACCEPTANCE BY AGENT

I, GHULAM RAZA MIAN, hereby accept this appointment as agent for the
(Print / Type Agent's Name)

corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company.

Ghulam Raza 03-01-21
(Signature of Agent) (Date)

6129 50th ave Kenosha WI, 53142. Agent's age _____
(Home Address of Agent) Date of btl. _____

APPROVAL OF AGENT BY MUNICIPAL AUTHORITY
(Clerk cannot sign on behalf of Municipal Official)

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, the character, record and reputation are satisfactory and I have no objection to the agent appointed.

Approved on _____ by _____ Title _____
(Date) (Signature of Proper Local Official) (Town Chair, Village President, Police Chief)

#4869

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
456-1025693173-06

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

Legal Name (corporation, limited liability company, partnership or sole proprietorship) RAZA'S U.S. PANTRY LLC			Federal Employer Identification No. (FEIN) 86-2062103	
Trade or Business Name (if different than Legal Name) U.S. PANTRY			Telephone Number (262) 960-2728	
Business Address (License Location) 1627 WASHINGTON AVE		Business Located In <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town		Business Telephone (262) 632-2215
Municipality RACINE	State WI	Zip Code 53403	County RACINE	
Mailing Address (if different than Business Address)			Municipality	State WI
				Zip Code 53403

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) **LLC**

- ☒ 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/dor/forms/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.

Gina Raza
(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.