

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: MANNY LIQUOR CORP

Business Address: 1711 N MAIN ST RACINE WI 53402

DBA Name: ONE STOP FOOD & LIQUOR

District: 4 Your Business Alder: Edwin Santiago Alder Phone: 262-822-8302

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

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

Printed Name: MANPREET SINGH Signature: Manpreet Singh

BUSINESS PLAN QUESTIONNAIRE

Business Owner/ Ownership Entity MANNY LIQUOR CORP

Trade Name ONE STOP FOOD & LIQUOR

Business Address 1711 N MAIN ST RACINE WI 53402

Website _____

Business Email Address _____

Agent Name MANPREET SINGH

Agent Home Address 9758 S RUSTIC PL Oak Creek WI 53154

Agent Emergency Contact Number 414-520-9856

Agent Email Address ZSC2@Live.com

Who intends to be mainly in charge of daily operations? MANPREET SINGH

② Is your business currently open? Yes 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. MS Initials.

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

30,800.00 Alcoholic beverages

16,800.00 Food

22,400.00 Other (please specify)

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

How many people do you intend to employ part time? 2

What is the square footage of the premise to be licensed? 2280.00

What is your best estimation of the value of the business? 1,35,000.00

Please describe the current parking situation.

10 on site Parking

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

N/A. Manpreet Singh

Describe the business that you are buying/opening.

LIQUOR STORE

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

SERVING THEM WITH QUALITY ITEMS AND GOOD SERVICE

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?

I own and operate two locations in the area.

What will your hours of operation be? 8:00 AM - 9:00 PM

- Monday Same all week
- 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)

NO

Manpreet Singh

How many customers do you expect on your busiest days? 260+

How do you intend to handle litter and garbage?

CONTRACT w/ DISPOSAL COMPANY

How will noise at the premise be addressed?

Signs posted owner/manager approaches the crowd.

What is your security plan?

Security Camera's Installed In and around the building.

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

Security Camera's. -

Will music be played at your location? Yes ☒ No

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

Manpreet Singh

N/10

Fee: \$60.00
Record Check: \$15

License Expires June 30, 20____
New____ Renewal____
FEIN#: 86-3991074

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
None		

- 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:

Manpreet Singh
Signature of Applicant or Agent

Manpreet Singh
Please Print or Type Name

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

Expires June 30, 20____
FEIN#: 86-3991074

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 _____

(Please specify)

PLEASE SUPPLY:

LEGAL NAME OF BUSINESS (OWNER): MANNY LIQUOR CORP

TRADE NAME: ONE STOP FOOD & LIQUOR

BUSINESS ADDRESS: 1711 N MAIN ST RACINE WI 53402

BUSINESS TELEPHONE: 262-634-5551 ZIP CODE: 53402

HOME ADDRESS: 9758 S RUSTIC PL

CITY OAK CREEK STATE WI ZIP CODE 53154

HOME TELEPHONE: 414-520-9856

Manpreet Singh
SIGNATURE OF APPLICANT

MANPREET SINGH
(Please print Name)

DATE OF BIRTH

SIGNATURE OF PARTNER /(IF APPLIES)

(Please print Name)

DATE OF BIRTH

6-1-21
DATE

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

Expires June 30, 20__

FEIN#: 86-3991074

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 2004, 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 MANNY LIQUOR CORP _____ STATE OF INCORPORATION WI

NAME AND COMPLETE ADDRESS OF ALL OFFICERS:
MANPREET SINGH 9758 S Rustic Pl Oak Creek WI 53154

ALL APPLICANTS:

NAME OF PERSON IN CHARGE: MANPREET SINGH

TRADE NAME: ONE STOP FOOD & LIQUOR PHONE: 414-520-9856

ADDRESS OF BUSINESS: 1711 N MAN ST RACINE WI

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/REVOCAION OF CITY-ISSUED LICENSES, DEPENDING ON THE TYPE OF LICENSE HELD.****

MECHANICAL

No. of Devices Description of type of device Device location in the establishment

_____ 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: _____

Manpreet Singh
SIGNATURE OF APPLICANT

DATE OF BIRTH _____

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk)

For the license period beginning (month dd yyyy) ending (month dd yyyy)

To the Governing Body of the: ☐ Town of ☐ Village of ☒ City of } **RACINE**

County of **RACINE** Aldermanic Dist. No. **4**
(if required by ordinance)

Check one: ☐ Individual ☐ Limited Liability Company
☐ Partnership ☒ Corporation/Nonprofit Organization

Applicant's Wisconsin Seller's Permit Number 456-1030756837-04	
FEIN Number 86-3991074	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input checked="" type="checkbox"/> Class A liquor A"	\$
<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)

MANNY LIQUOR CORP

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 SINGH	(First) MANPREET	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) 9758 S Rustic Pl Oak Creek WI 53154
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 SINGH	(First) MANPREET	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) 9758 S Rustic Pl Oak Creek WI 53154
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name **One Stop Food + Liquor** Business Phone Number **262 634 3551**
2. Address of Premises **1711 N MAIN ST** Post Office & Zip Code **RACINE WI 53402**

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.)

**STORED IN BACK ROOM / BEER IN COOLER
SOLD @ BEHIND THE COUNTER - ALCOHOL.**

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? **ONE STOP FOOD + LIQUOR**

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

9. (a) Corporate/limited liability company applicants only: Insert state WI and date 5/20/2021 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.

TOPS Supermarket Inc 1200 Villa ST Racine WI 53403
TOPS 3 Supermarket Inc 704 High ST Racine WI 53404

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) MANPREET SINGH	Title/Member PRESIDENT	Date 6-8-21
Signature <i>Manpreet Singh</i>	Phone Number 414-520-9856	Email Address ZSC2@live.com

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	

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
SINGH		MANPREET			
Home Address (street/route)		Post Office	City	State	Zip Code
9758 S Rustic Pl		Oak Creek	Oak Creek	WI	53154
Home Phone Number		Age	Date of Birth	Place of Birth	
414-520-9856				QUEENS	

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.

☒ OFFICER / AGENT of MANNY FOOD LIQUOR
(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:

- How long have you continuously resided in Wisconsin prior to this date? SINCE 2004
- 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.)
- 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.
- 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. Tops Supermarket & Tops 3 Supermarket in Racine WI
(Name, Location and Type of License/Permit)
- 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	Employer's Address	Employed From	To
Employer's Name	Employer's Address	Employed From	To

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.

Manpreet Singh
(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 MANNY LIQUOR CORP
(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

ONE STOP FOOD & LIQUOR.
(Trade Name)

located at 1711 N MAIN ST, RACINE WI 53402

appoints MANPREET SINGH
(Name of Appointed Agent)

9758 S RUSTIC PL OAK CREEK WI 53154
(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)
TOPS SUPERMARKET INC + TOPS 3 SUPERMARKET INC in RACINE WI

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? 17 years

Place of residence last year 9758 S RUSTIC PL OAK CREEK WI 53154.

For: MANNY LIQUOR CORP
(Name of Corporation / Organization / Limited Liability Company)

By: Manpreet Singh Manpreet Singh
(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, MANPREET SINGH, 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.

Manpreet Singh (Signature of Agent) (Date) Agent's age 4
9758 S RUSTIC PL OAK CREEK WI 53154 (Home Address of Agent) Date of birth 1

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)

Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

Applicant's Wisconsin 15-digit Sales Tax Account Number
456-1030756837-04

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

MUNICIPAL USE ONLY	
License Number	
Period Covered	
Date of Issuance	

Legal Name (corporation, limited liability company, partnership or sole proprietorship) MANNY LIQUOR CORP			Federal Employer Identification No. (FEIN) 86-3991074		
Trade or Business Name (if different than Legal Name) ONE STOP FOOD + LIQUOR			Telephone Number (414) 520-9856		
Business Address (License Location) 1711 N MAIN ST			Business Telephone (262) 634 5551		
Municipality RACINE	State WI	Zip Code 53402	Business Located In <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of: RACINE		
Mailing Address (if different than Business Address)			County RACINE		
			State WI		
			Zip Code 53402		

Organization (check one)

- ☐ Sole Proprietor ☒ Wisconsin Corporation – Enter date incorporated: **5/20/2021**
☐ 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/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.

Mannect Singh
(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.