

Date

Form
CTV-101

Cigarette, Tobacco, and Electronic Vaping Device License - Individual Questionnaire

Part A: Business Information			
1. Legal Business Name (individual name if sole proprietor) <i>DEAN AZ LLC</i>			
2. Business Trade Name or DBA <i>DEAN'S MINI MART</i>			
3. Entity Type (check one)			
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company	<input checked="" type="checkbox"/> Corporation

Part B: Individual Information			
1. Name (Last) <i>ABDIAH</i>	2. Name (First) <i>MAHMOUD</i>	3. Name (M.I.)	
4. Relationship to Business (Title) <i>OWNER</i>	5. Email	6. Phone <i>414-378-7876</i>	
7. Home Address <i>1945 1/2 Racine St #2</i>			
8. City <i>Racine</i>	9. State <i>WI</i>	10. Zip Code <i>53403</i>	11. Date of Birth
12. Drivers License/State ID Number <i>A134-5517-0162-06</i> <i>5517</i>		13. Drivers License/State ID State of Issuance	

Part C: Individual's Address History			
List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.			
Previous Address 1 <i>1514 Edgerton Ave</i>	City <i>MILWAUKEE</i>	State <i>WI</i>	Zip Code <i>53221</i>
Previous Address 2 <i>518 St. Lawrence Ave</i>	City <i>Beloit</i>	State <i>WI</i>	Zip Code <i>53511</i>
Previous Address 3	City	State	Zip Code
Previous Address 4	City	State	Zip Code
Previous Address 5	City	State	Zip Code
Previous Address 6	City	State	Zip Code
If applicable, list all states and counties you have lived in as an adult. Attach additional sheets if necessary.			
State	County	State	County
State	County	State	County

Continued →

Part D: Individual's Criminal History

1. Have you ever been convicted of any offenses (other than traffic offenses) for violation of any federal, Wisconsin, or another state's laws, or of any county or municipal ordinances? Yes No

If yes to question 1, please list details of each conviction below:

Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses currently pending against you (other than traffic offenses) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? Yes No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation by Individual

READ CAREFULLY BEFORE SIGNING: I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on an application for cigarette, electronic vaping devices, and tobacco products retail license may be required to forfeit not more than \$1,000 if convicted. I declare under penalties of the law that I have examined this information and, to the best of my knowledge, it is true, correct, and complete to the best of my knowledge and belief.

Signature <i>Muhammad Al-Jallabi</i>	Date 6-5-26
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Part F: Licensing Authority Approval

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, this individual qualifies to serve in the reported role with the above-named business.

Name of Local Official	Title
Signature of Local Official	Date

Agent Type (check one): Original Change - *NEW Agent*

Part A: Agent Information

1. Last Name <i>ABDAIAH</i>		2. First Name <i>MAHBOUB</i>		3. M.I.	
4. Email <i>Mahboub.abd1970@gmail.com</i>			5. Phone <i>414-378-7876</i>		
6. Home Address <i>1945 1/2 Racine St. # 2</i>					
7. City <i>Racine</i>			8. State <i>WI</i>	9. Zip Code <i>53403</i>	
10. Date of Birth <i>5-2-1970</i>		11. Drivers License/State ID Number <i>A134-5517-0162-06</i>		12. Drivers License/State ID State of Issuance <i>WI</i>	

Part B: Questions

1. Have you completed Form CTV-101, *Cigarette, Tobacco, and Electronic Vaping Device License - Individual Questionnaire*? Submit a completed Form CTV-101 with this form. Yes No
2. If this is a change of agent, please describe the reason for the agent change. Attach additional sheets if necessary.

Part C: Business Information

1. Legal Business Name (individual name if sole proprietor) <i>DEAN A2 LLC</i>		
2. Business Trade Name or DBA <i>DEANS Mini MART</i>		
3. Entity Type (check one) <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation		
4. Premises Address <i>1407 Superior St</i>		
5. City <i>RACINE</i>		7. Zip Code <i>53402</i>

Part D: Attestations

READ CAREFULLY BEFORE SIGNING: I, the Licensee, authorize the above-named individual to act for the above-named corporation or limited liability company with full authority and control of the premises and of all business relative to cigarettes, tobacco products, and/or electronic vaping devices conducted therein. I certify that I am authorized by the entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature of Licensee (officer, member, or authorized signatory) <i>Mahboub Abdiaiah</i>	Date <i>6-5-26</i>
Name of Person Signing for Licensee <i>MAHBOUB ABDAIAH</i>	Title <i>OWNER</i>

READ CAREFULLY BEFORE SIGNING: I, the Agent, hereby accept this appointment as agent for the above-named corporation or limited liability company and assume full responsibility for the conduct of all business relative to sales of cigarettes, tobacco products, and/or electronic vaping devices conducted on the premises for the above-named business. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this form, and that any person who knowingly provides materially false information on this form may be required to forfeit not more than \$1,000 if convicted.

Signature of Agent <i>Mahboub Abdiaiah</i>	Date <i>6-5-26</i>
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