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Checklist

_____ **Building Department** – City Hall 730 Washington Ave. Room 304 (262) 636-9464
The Building Department MUST sign off on the Zoning Approval form before we can process your application(s). (This form is for new applications not holding an existing license for the type of business you are applying for).

_____ **City Clerk's Office** – City Hall 730 Washington Ave. Room 103 (262) 636-9171
Turn in completed applications here. If you have any questions regarding applications, contact us.

_____ **Contact Alderman in the district where the business is located.** This is to inform the Alderman that there will be a new owner and/or a new type of business in his/her district.)

Alderman Name & Telephone : _____

_____ Responsible Beverage Service Course must be completed if applicant has not held some type of alcohol beverage license in the State of Wisconsin in the past two years.

_____ Download the Wisconsin Alcohol Beverage and Tobacco Laws. This has information regarding alcohol laws and hours of operation <http://www.revenue.wi.gov/pubs/pb302.pdf>

It is the applicant's responsibility to call the departments listed below to setup appointments to have your premise inspected. By signing you acknowledge that the City Clerk's office has notified you of this:

Print name Antonisha Kelley Signature *Antonisha Kelley* Date 5-12-2026

Business Name Family Dollar # 21565 Business Address 2314 Rapids Drive
Your license(s) will NOT be released until the City Clerk's Office has sign offs from all departments

_____ **Environmental Health Department** – City Hall 730 Washington Ave. Room 1 (262) 636-9203
(Inspection and Sanitation and/or Restaurant License/Permit)

_____ **Building Department** – City Hall 730 Washington Ave. Room 307 (262) 636-9161
(Inspection and Occupancy Permit)

_____ **Fire Department** – Fire 810 Eighth St. (262) 635-7915 (Inspection)

Form CTV-102

Cigarette, Tobacco, and Electronic Vaping Device Appointment of Agent

Date

Agent Type (check one): [] Original [x] Change

Part A: Agent Information

1. Last Name: Schmit; 2. First Name: Corey; 3. M.I.: C; 4. Email: Toba-licensingfd@familydollar.com; 5. Phone: 714-430-0248; 6. Home Address: 17350 Brooklawn Dr; 7. City: Brookfield; 8. State: WI; 9. Zip Code: 53045; 10. Date of Birth: 1; 11. Drivers License/State ID Number: S530-1038-1442-03; 12. Drivers License/State ID State of Issuance: WI

Part B: Questions

1. Have you completed Form CTV-101, Cigarette, Tobacco, and Electronic Vaping Device - Individual Questionnaire? Submit a completed Form CTV-101 with this form. [x] 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): Family Dollar Stores of Wisconsin, LLC; 2. Business Trade Name or DBA: Family Dollar # 21565; 3. Entity Type (check one): [x] Limited Liability Company [] Corporation; 4. Premises Address: 2314 Rapids Dr; 5. City: Racine; 6. State: Wisconsin; 7. Zip Code: 53404

Part D: Attestations

READ CAREFULLY BEFORE SIGNING: I, the Licensee or Permittee, 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 or Permittee (officer, member, or authorized signatory): Yolanda Gary; Date: 05/01/2026; Name of Person Signing: Yolanda Gary; Title: Assistant Secretary

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: Corey Schmit; Date: 5-9-2026

Date

Form
CTV-101

Cigarette, Tobacco, and Electronic Vaping Device - Individual Questionnaire

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor) Family Dollar Stores of Wisconsin LLC			
2. Business Trade Name or DBA Family Dollar # 21565			
3. Entity Type (check one)			
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Corporation

Part B: Individual Information

1. Name (Last) Schmit		2. Name (First) Corey		3. Name (M.I.) C	
4. Relationship to Business (Title) DM		5. Email cschmit@familydollar.com		6. Phone (414) 430-0248	
7. Home Address 17350 Brooklawn Dr					
8. City Brookfield		9. State WI	10. Zip Code 53045		11. Date of Birth
12. Drivers License/State ID Number S530-1038-1442-03			13. Drivers License/State ID State of Issuance WI		

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	City	State	Zip Code
Previous Address 1 Na			
Previous Address 2			
Previous Address 3			
Previous Address 4			
Previous Address 5			
Previous Address 6			

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
WI	Milwaukee						
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  Date 5-9-2020

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 does not have a criminal record that would disqualify them from having an interest in a cigarette, tobacco product, or electronic vaping device retailer license according to sec. 134.65(1m), Wis. Stats.

Name of Local Official _____ Title _____
 Signature of Local Official _____ Date _____