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20180584-7

Form
CTV-100Cigarette, Tobacco, and Electronic Vaping
Device Retail License Application

FOR CLERKS ONLY	
Municipality	City of Racine
License Period	6/30/24

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietor) DOUGLAS DEPOT LLC			
2. Business Trade Name or DBA DOUGLAS TOBACCO			
3. FEIN 41-3071070		4. Wisconsin Seller's Permit Number 456-1032209576-04	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation			
6. State of Organization WISCONSIN		7. Date of Organization 12/12/2025	
8. Wisconsin DFI Registration Number D084494			
9. Premises Address (do not use PO Box) 1615 DOUGLAS AVE			
10. City RACINE		11. State WI	12. Zip Code 53404
13. County RACINE	14. Governing Municipality: ☐ City ☐ Town ☐ Village of: _____		15. Aldermanic District
16. Mailing Address (if different from premises address)			
17. City		18. State	19. Zip Code
20. Premises Phone		21. Premises Email	
22. Website			
23. Premises Description - Describe the building or buildings where cigarettes, tobacco products, and electronic vaping devices are to be sold and stored. Describe all rooms including living quarters, if used, for the sales and/or storage of cigarettes, tobacco products, and electronic vaping devices and records. Cigarettes, tobacco products, and electronic vaping devices may be sold and stored ONLY on the premises described in this application. Attach a floor plan if possible. OVER THE COUNTER Behind the counter, Display cases Cartons behind counter Extra tobacco storage in basement FDA Vapes in locked Display counter			

Part B: Questions

1. What products will be sold at this business location? (check all that apply)	
☒ Cigarettes	☒ Tobacco Products ☒ Electronic Vaping Devices
2. How will cigarettes, tobacco, and/or electronic vaping devices be sold? (check all that apply)	
☒ Over the counter ☐ Vending machine	
3. Is the applicant business owned by another business entity? ☐ Yes ☒ No	
If yes, provide the name(s) and FEIN(s) of the business entity(s) below. Attach additional sheets if necessary	
3a. Name of Business Entity: _____	
3b. FEIN of Business Entity: _____	

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following titles or positions in the applicant business and any businesses listed in Part B, Question 3: sole proprietor; all officers, directors, and agents of a corporation; all partners of a partnership; and all members and agents of a limited liability company. Attach additional sheets if necessary.

Include Form CTV-101, *Individual Questionnaire*, for each person listed below.

Last Name	First Name	Title	Phone
ASSAD	KHALID	MEMBER	(262) 497-7579

Part D: Attestation

One of the following must sign and attest to this application:

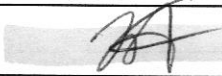
- sole proprietor
- one general partner of a partnership
- one corporate officer
- one managing member of an LLC

READ CAREFULLY BEFORE SIGNING:

I understand and agree to the following:

- I will only purchase cigarettes, tobacco, and vapor products from distributors, jobbers, or subjobbers permitted by the Wisconsin Department of Revenue, unless I also hold the proper distributor's permit and pay all applicable excise taxes.
- I will not purchase or exchange products from another retailer, including transferring existing stock to a new owner.
- I will provide tobacco sales training that has been approved by the Wisconsin Department of Health Services to my employees. (<https://witobaccocheck.org>).
- I will not sell single cigarettes.
- I will not sell, give, or otherwise provide cigarettes, tobacco, or any nicotine products to minors.
- I will keep product invoices on the licensed premises for two years and ensure the records are available for inspection by law enforcement. Failure to comply with this will result in criminal penalties, including loss of inventory.
- I will not sell cigarettes or roll-your-own (RYO) tobacco products unless listed on the Wisconsin Department of Justice's directory of certified tobacco manufacturers and brands.

Further, under penalty provided by law, I state that this application has been truthfully answered to the best of my knowledge. I agree 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 allow 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 if convicted.

Signature		Date	12/26/2025
Name (Last, First, M.I.) ASSAD, KHALID			
Title	Email	Phone	
MEMBER	INFO3@PUFFPALACESHOP.COM	(262) 497-7579	

Part E: For Clerk Use Only

Date application was filed with clerk	Date license issued	Date license expires	License number
License fees	Signature of Clerk/Deputy Clerk		

Form
CTV-101Cigarette, Tobacco, and Electronic
Vaping Device - Individual Questionnaire**Part A: Business Information**

1. Legal Business Name (individual name if sole proprietor)

DOUGLAS DEPOT LLC

2. Business Trade Name or DBA

DOUGLAS TOBACCO

3. Entity Type (check one)

☐

Sole Proprietor

☐

Partnership

☒

Limited Liability Company

☐

Corporation

Part B: Individual Information

1. Name (Last)

ASSAD

2. Name (First)

KHALID

3. Name (M.I.)

4. Relationship to Business (Title)

MEMBER

5. Email

INFO3@PUFFPALACESHOP.COM

6. Phone

(262) 497-7579

7. Home Address

3611 MONICA DR

8. City

FRANKSVILLE

9. State

WI

10. Zip Code

53126

11. Date of Birth

06/18/1991

12. Drivers License/State ID Number

A230-5019-1218-04

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 SAME			
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

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? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ 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 12/26/2025
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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 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	

CONTACT FORM

Business Owner/Owner Entity: Khalid Assad

Trade Name: Douglas Depot

Business Address: 1615 Douglas Ave

Website: NA

Business Email Address: info3@PuffPalaceshop.com

Regular Operating Days/Hours: 9am - 9pm

Agent Name: Khalid Assad

Agent Home Address: 3611 Monica Dr

Agent Emergency Contact Number: 262-902-3914

Agent Email Address: Kaassad@Outlook.com

Agent Date of Birth: 06/18/1991

Name of additional members of Business: Date of Birth of additional members:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

This form is required to be turned in with your application, for your application to be considered complete. If you have any questions, please contact the City Clerk's Office at (262) 636-9171.

IRS DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

Date of this notice: 12-12-2025

Employer Identification Number:
41-3071070

Form: 99-4

Number of this notice: CP 575 A

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

DOUGLAS DEPOT LLC
DOUGLAS TOBACCO
KHALID ASSAD SOLE MBR
1615 DOUGLAS AVE
RACINE, WI 53404

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 41-3071070. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Taxpayers request an EIN for their business. Some taxpayers receive CP575 notices when another person has stolen their identity and are opening a business using their information. If you did not apply for this EIN, please contact us at the phone number or address listed on the top of this notice.

When filing tax documents, making payments, or replying to any related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

Based on the information received from you or your representative, you must file the following forms by the dates shown:

Form 940	01/31/2027
Form 941	04/30/2026

If you have questions about the forms or the due dates shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, *Accounting Periods and Methods*.

We assigned you a tax classification (corporation, partnership, etc.) based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2020-1, 2020-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, *Entity Classification Election*. See Form 8832 and its instructions for additional information.

IMPORTANT INFORMATION FOR S CORPORATION ELECTION: If you intend to elect to file your return as a small business corporation, an election to file a Form 1120-S, U.S. Income Tax Return for an S Corporation, must be made within certain timeframes and the corporation must meet certain tests.



WISCONSIN DEPARTMENT OF REVENUE
PO BOX 8902
MADISON, WI 53708-8902

Contact Information:

2135 RIMROCK RD PO BOX 8902
MADISON, WI 53708-8902
ph: 608-266-2776 fax: 608-327-0235
email: DORBusinessTax@wisconsin.gov
website: revenue.wi.gov

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DOUGLAS DEPOT LLC
1615 DOUGLAS AVE
RACINE WI 53404-2721

Letter ID L1917143472



Wisconsin Business Tax Registration Certificate

Expiration date: December 31, 2027
Legal/real name: DOUGLAS DEPOT LLC

- This certificate confirms that you are registered with the Wisconsin Department of Revenue for the tax types shown below.
- This registration certificate is not a seller's permit, and should not be used as proof that you hold a seller's permit.
- You may not transfer this certificate to any other individual or business.

Tax Type	Account Type	Number
Sales & Use Tax	Sales & Use Tax	456-1032209576-04
Withholding Tax	Withholding Tax	036-1032209576-02