

3526

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

FOR CLERKS ONLY	
Municipality	
License Period	

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietor) <u>Moes Market LLC</u>			
2. Business Trade Name or DBA <u>Moes Market</u>			
3. FEIN <u>39-4673480</u>		4. Wisconsin Seller's Permit Number <u>456-1032177364-02</u>	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation			
6. State of Organization <u>WI</u>		7. Date of Organization <u>10-02-2025</u>	
8. Wisconsin DFI Registration Number <u>M139388</u>			
9. Premises Address (do not use PO Box) <u>1949 Racine st</u>			
10. City <u>Racine</u>		11. State <u>WI</u>	
12. Zip Code <u>53403</u>			
13. County <u>Racine</u>		14. Governing Municipality: ☒ City ☐ Town ☐ Village	
15. Aldermanic District <u>2nd</u>		of: <u>Racine</u>	
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. <u>behind the counter</u> <u>over the counter</u>			

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 and FEIN of the parent company below, identify parent company members in Part C, and attach Form CTV-101 for all of the parent company's members, partners, or officers.	
3a. Name of Parent Company: _____	
3b. FEIN of Parent Company: _____	

Part C: Individual Information

An Individual Questionnaire, Form CTV-101, must be completed and attached to this application for each person involved in the applicant business and any parent company indicated in Part B. Such persons include: sole proprietor, all officers and agents of a corporation, all partners of a partnership, and all members and agents of a limited liability company.

List the full name, title, and phone number for each person below. Attach additional sheets if necessary.

Last Name	First Name	Title	Phone
Shehadeh	Saad	Owner	(262)-902-0837
Musa	Tawfiq	partner	(262)-902-2775

Part D: Attestation

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

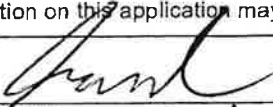
- sole proprietor
- one general partner of a partnership
- one corporate officer
- one managing member of an LLC

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 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.

Signature		Date	6-30-26
Name (Last, First, M.I.)	Shehadeh Saad M		
Title	Owner	Email	mocs market llc@gmail.com
		Phone	(262) 902-0837

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		

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

Date _____

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor) <u>Moss Market LLC</u>			
2. Business Trade Name or DBA <u>Moss Market</u>			
3. Entity Type (check one)			
☐ Sole Proprietor	☐ Partnership	☒ Limited Liability Company	☐ Corporation

Part B: Individual Information

1. Name (Last) <u>Shehadeh</u>		2. Name (First) <u>Saeed</u>		3. Name (M.I.) <u>M</u>	
4. Relationship to Business (Title) <u>owner</u>		5. Email <u>mossmarketllc@gmail.com</u>		6. Phone <u>(262) 902-0837</u>	
7. Home Address <u>3111 Yorktown St</u>					
8. City <u>Calumet</u>		9. State <u>WI</u>	10. Zip Code <u>53404</u>		11. Date of Birth <u>-</u>
12. Drivers License/State ID Number <u>5300-7930-1448-01</u>			13. Drivers License/State ID State of Issuance <u>10/28/2020</u>		

Part C: Individual's Address History

List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

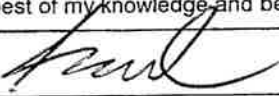
Previous Address	City	State	Zip Code
<u>N/A</u>			
Previous Address 2	City	State	Zip Code
Previous Address 3	City	State	Zip Code
Previous Address 4	City	State	Zip Code
Previous Address 5	City	State	Zip Code
Previous Address 6	City	State	Zip Code

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? ☐ 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 6/30/26

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

Date

Form
CTV-101Cigarette, Tobacco, and Electronic
Vaping Device License - Individual Questionnaire

Part A: Business Information

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

Moes Market LLC

2. Business Trade Name or DBA

Moes Market

3. Entity Type (check one)

☐ Sole Proprietor☐ Partnership☒ Limited Liability Company☐ Corporation

Part B: Individual Information

1. Name (Last)

Musa

2. Name (First)

Tawfik

3. Name (M.I.)

M

4. Relationship to Business (Title)

Partner

5. Email

moesmarketllc@gmail.com

6. Phone

262-902-2715

7. Home Address

3668 erie st

8. City

Racine

9. State

WI

10. Zip Code

53402

11. Date of Birth

12. Drivers License/State ID Number

M200-8139-9019-07

13. Drivers License/State ID State of Issuance

03/29/2019

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

N/A

City

State

Zip Code

Previous Address 2

City

State

Zip Code

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

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State

County

State

County

State

County

State

County

State

County

State

County

State

County

State

County

Continued →

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Signature	Date 6/30/26

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