3526

Form **CTV-100**

Cigarette, 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): Moes Market LLC

2. Business Trade Name or DBA: Moes Market

3. FEIN: 39-4673480

4. Wisconsin Seller's Permit Number: 456-1032177364-02

5. Entity Type *(check one)*
☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation

6. State of Organization: WI

7. Date of Organization: 10-02-2025

8. Wisconsin DFI Registration Number: M139388

9. Premises Address (do not use PO Box): 1949 Racine st

10. City: Racine

11. State: WI

12. Zip Code: 53403

13. County: Racine

14. Governing Municipality: ☒ City ☐ Town ☐ Village of: Racine

15. Aldermanic District: 2nd

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.

behind the counter
over the 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 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	Saed	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
[signature]	6-30-26
Name (Last, First, M.I.) Shehadeh Saed M	
Title: Owner	Email: mocsmarketllc@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		

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) 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)	2. Name (First)	3. Name (M.I.)
Shehadeh	Saed	M

4. Relationship to Business (Title)	5. Email	6. Phone
Owner	moesmarketllc@gmail.com	(262) 902-0837

7. Home Address 3111 Yorktown st

8. City	9. State	10. Zip Code	11. Date of Birth
caledonia	WI	53404	- -

12. Drivers License/State ID Number	13. Drivers License/State ID State of Issuance
S300-7430-1448-01	10/28/2020

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

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
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
[signature]	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-101**

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

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor): Mocs Market LLC

2. Business Trade Name or DBA: Mocs Market

3. Entity Type *(check one)*

☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation

Part B: Individual Information

1. Name (Last)	2. Name (First)	3. Name (M.I.)
Musa	Tawfiq	M

4. Relationship to Business (Title)	5. Email	6. Phone
Partner	mocsmarketllc@gmail.com	262-902-2775

7. Home Address: 3668 erie st

8. City	9. State	10. Zip Code	11. Date of Birth
Racine	WI	53402	

12. Drivers License/State ID Number	13. Drivers License/State ID State of Issuance
M200-8139-9019-07	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

Continued ⟶

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Penalty Imposed	Was sentence completed? ☐ Yes ☐ No	
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Signature	Date
[signature]	6/30/26

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Signature of Local Official	Date