

**Cigarette, Tobacco, and Electronic Vaping
Device Retail License Application**

| FOR CLERKS ONLY | |
|-----------------|----------|
| Municipality | Appleton |
| License Period | 24-25 |

| Part A: Premises/Business Information | | | |
|--|---|--|--------------------------------------|
| 1. Legal Business Name (individual name if sole proprietor) JALIYAN GAS LLC | | | |
| 2. Business Trade Name or DBA Wisconsin Ace Rentals | | | |
| 3. FEIN | | 4. Wisconsin Seller's Permit Number 456-1026871620-02 | |
| 5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation | | | |
| 6. State of Organization Wisconsin | | 7. Date of Organization 1797 2009 | 8. Wisconsin DFI Registration Number |
| 9. Premises Address (do not use PO Box) 111 W. Wisconsin Ave Appleton WI 54911 | | | |
| 10. City Appleton | | 11. State WI | 12. Zip Code 54911 |
| 13. County Outagamie | 14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: Appleton | | 15. Aldermanic District |
| 16. Mailing Address (if different from premises address) | | | |
| 17. City Seneca Ave | | 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. 2500 sq ft Retail store with gas station | | | |

| Part B: Questions | |
|--|--|
| 1. What products will be sold at this business location? (check all that apply) <input checked="" type="checkbox"/> Cigarettes <input checked="" type="checkbox"/> Tobacco Products <input checked="" type="checkbox"/> Electronic Vaping Devices | |
| 2. How will cigarettes, tobacco, and/or electronic vaping devices be sold? (check all that apply) <input checked="" type="checkbox"/> Over the counter <input type="checkbox"/> Vending machine | |
| 3. Is the applicant business owned by another business entity? <input type="checkbox"/> Yes <input type="checkbox"/> 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 |
|-----------|------------|-------|-------|
| Patel | Nitesh | owner | |
| | | | |
| | | | |
| | | | |

Part D: Attestation

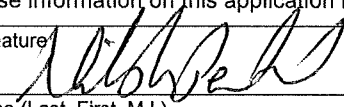
One of the following must sign and attest to this application:
 • sole proprietor • one general partner of a partnership • one corporate officer • one managing member of an LLC

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 7/31/2024 |
| Name (Last, First, M.I.) Nitesh Patel | |
| Title owner | Email _____ Phone _____ |

Part E: For Clerk Use Only

| | | | |
|--|---------------------------------|----------------------|----------------|
| Date application was filed with clerk 7/31/24 | Date license issued | Date license expires | License number |
| License fees | Signature of Clerk/Deputy Clerk | | |

**Cigarette, Tobacco, and Electronic Vaping Device
Appointment of Agent**

Date 7/31/2024

Agent Type (check one): Original Change

| Part A: Agent Information | | |
|---|-------------------------------------|--|
| 1. Last Name <u>PATEL</u> | 2. First Name <u>Nitesh</u> | 3. M.I. |
| 4. Email | | Phone |
| 6. Home Address <u>4705 W. Wisconsin Ave</u> | | |
| 7. City <u>Appleton</u> | 8. State <u>WI</u> | 9. Zip Code <u>54913</u> |
| 10. Date of Birth | 11. Drivers License/State ID Number | 12. Drivers License/State ID State of Issuance |

| Part B: Questions |
|---|
| 1. Have you completed Form CTV-101, <i>Cigarette, Tobacco, and Electronic Vaping Device License - Individual Questionnaire</i> ? Submit a completed Form CTV-101 with this form. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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) <u>JALIXON 303 LLC</u> | | |
| 2. Business Trade Name or DBA <u>Wisconsin Ave Party</u> | | |
| 3. Entity Type (check one) <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation | | |
| 4. Premises Address <u>111 W Wisconsin Ave</u> | | |
| 5. City <u>Appleton</u> | 6. State <u>WI</u> | 7. Zip Code <u>54911</u> |

| 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) | Date <u>7/31/24</u> |
| Name of Person Signing for Licensee <u>Nitesh Patel</u> | Title <u>7/31/24</u> |
| 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 <u>Nitesh Patel</u> | Date <u>7/31/2024</u> |