

# 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)

N4C LLC

2. Business Trade Name or DBA

OB'S BRAU HAUS

3. FEIN

4. Wisconsin Seller's Permit Number

456-1030777187-04

5. Entity Type (check one)

☐ Sole Proprietor☐ Partnership☒ Limited Liability Company☐ Corporation

6. State of Organization

WISCONSIN

7. Date of Organization

06/03/2021

8. Wisconsin DFI Registration Number

9. Premises Address (do not use PO Box)

523 W COLLEGE AVE,

10. City

APPLETON

11. State

WI

12. Zip Code

54915

13. County

OUTAGAMIE

14. Governing Municipality: ☒ City ☐ Town ☐ Village

of: APPLETON

15. Aldermanic District

16. Mailing Address (if different from premises address)

1315 1/2 S JEFFERSON ST

17. City

APPLETON

18. State

WI

19. Zip Code

54915

20. Premises Phone

(920) 903-0245

21. Premises Email

105frscl@gmail.com

22. Website

OB'S BRAU HAUS.COM

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.

523-525 WEST COLLEGE AVE - 3,200 SQ. FT.  
BUILDING WITH DINING ROOM, KITCHEN, STORAGE ROOM, BAR/BASEMENT  
OUTDOOR SEATING IN THE AMENITY STRIP UNTIL 9:30 PM  
TO COMPLY WITH STIPULATIONS OF SPECIAL USE PERMIT #12-00

## 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 machine3. 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
NEUS	CHRISTOPHER	OWNER	

**Part D: Attestation**

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

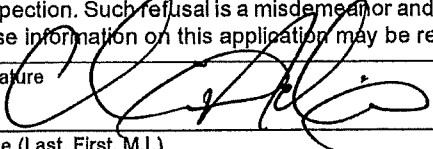
- sole proprietor
- one general partner of a partnership
- one corporate officer
- one managing member of an LLC

**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 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 11/18/25
Name (Last, First, M.I.) NEUS, CHRISTOPHER, A	
Title OWNER	Email _____ Phone _____

**Part E: For Clerk Use Only**

Date application was filed with clerk 11/18/25	Date license issued	Date license expires	License number
License fees 100	Signature of Clerk/Deputy Clerk		

Form  
CTV-102

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

Date

Agent Type (check one): ☐ Original ☐ Change

**Part A: Agent Information**

1. Last Name <b>NEUS</b>	2. First Name <b>CHRISTOPHER</b>	3. M.I. <b>A</b>
4. Email	5. Phone	
6. Home Address <b>1315 1/2 S JEFFERSON ST,</b>		
7. City <b>APPLETON</b>	8. State <b>WI</b>	9. Zip Code <b>54915</b>
10. F	11. Drivers License/State ID Number	12. Drivers License/State ID State of Issuance

**Part B: Questions**

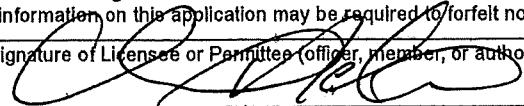
1. Have you completed Form CTV-101, *Cigarette, Tobacco, and Electronic Vaping Device - Individual Questionnaire*? Submit a completed Form CTV-101 with this form. .... ☐ Yes ☒ No
2. If this is a change of agent, please describe the reason for the agent change. Attach additional sheets if necessary.

**Part C: Business Information**

1. Legal Business Name (individual name if sole proprietor) <b>NAC LLC</b>		
2. Business Trade Name or DBA <b>OB'S BRAIN HAUS</b>		
3. Entity Type (check one) <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation		
4. Premises Address <b>523 W COLLEGE AVE</b>		
5. City <b>APPLETON</b>	6. State <b>WI</b>	7. Zip Code <b>54911</b>

**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) 	Date <b>11/18/25</b>
Name of Person Signing <b>CHRISTOPHER NEUS</b>	Title <b>OWNER</b>

**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 	Date <b>11/18/25</b>
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