

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

FOR CLERKS ONLY	
Municipality	Appleton
License Period	24-25

<b>Part A: Premises/Business Information</b>		
1. Legal Business Name (individual name if sole proprietor) Indianhead Oil Co., LLC		
2. Business Trade Name or DBA Circle K #274652 <b>b</b>		
3. FEIN	4. Wisconsin Seller's Permit Number 456-0000432420-04	
5. Entity type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation		
6. State of Organization Wisconsin	7. Date of Organization 09/17/1964	8. Wisconsin DFI Registration Number 1I01849
9. Premises Address (do not use PO Box) 1935 E Calumet St.		
10. City Appleton	11. State WI	12. Zip Code 54915
13. County Calumet	14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: <u>Appleton</u>	15. Aldermanic District
16. Mailing Address (if different from premises address) P.O. BOX 347		
17. City Columbus	18. State IN	19. Zip Code 47202
20. Premises Phone 920-714-3997	21. Premises Email holidaylicenses@holidaycompanies.com	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.  Sold at POS. Stored and displayed at and around POS. Floor display by door. Floor plan attached.		

<b>Part B: Questions</b>		
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 checked="" 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: <u>Holiday Stationstores, LLC</u> 3b. FEIN of Parent Company: _____		

S&L: 7/10/24  
 Council: 7/17/24

**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
Cunnington	Kathleen	President	
Brant	Gary	VP of Operations	
Duncan	Melissa	Asst. Secretary	
Larson	Brad	Agent/Store Manager	

**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 6/21/2024
Name (Last, First, M.I.) Duncan, Melissa, A		
Title Asst. Secretary	Email	Phone

**Part E: For Clerk Use Only**

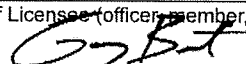
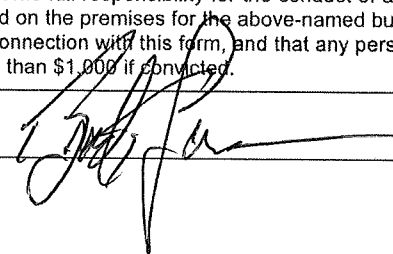
Date application was filed with clerk 6/26/24	Date license issued	Date license expires	License number
License fees 100	Signature of Clerk/Deputy Clerk		

Agent Type (check one):  Original  Change

Part A: Agent Information			
1. Last Name Larson	2. First Name Brad	3. M.I.	
4. Email		5. Phone	
6. Home Address W2505 PEARL ST			
7. City SEYMOUR		8. State WI	9. Zip Code 54165
10. <small>(DL#)</small>	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) Indianhead Oil Co., LLC		
2. Business Trade Name or DBA Circle K #2746526		
3. Entity Type (check one) <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation		
4. Premises Address 1935 E Calumet St		
5. City Appleton	6. State WI	7. Zip Code 54915

Part D: Attestations	
<b>READ CAREFULLY BEFORE SIGNING:</b> 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 06/21/2024
Name of Person Signing for Licensee Gary Brant	Title V.P. of Operations
<b>READ CAREFULLY BEFORE SIGNING:</b> I, the Agent, herby 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 6/24/2024