Form CTV-100

Cigarette, Tobacco, and Electronic Vaping Device Retail License Application

	FOR CLERKS ONLY
Municipality	%
	Appleton
License Pe	riod
	24-25

Part A: Premises/Business Information						
1. Legal Business Name (individual	name if sole	proprietor)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Indianhead Oil Co.,	LLC					
2. Business Trade Name or DBA						
Circle	e K #2746	652 b				
3. FEIN			4. Wisconsin Se	ller's Permit I	Number	
			456-00004	32420-04	L Company	
5. Entity Type (cneck one)						
Sole Proprietor	□ P	artnership	🚺 Lim	ited Liability	y Company 🔲 Corporation	
6. State of Organization		7. Date of Organiza	ition		8. Wisconsin DFI Registration Number	
Wisconsin		09/17/1964			1101849	
9. Premises Address (do not use Pe	O Box)					
1935	E Calume	et St.				
10. City	,			11. State	12. Zip Code	
Appleton				WI	54915	
13. County	14. Governing	Municipality: Cit	y 🗌 Town	☐ Village	15. Aldermanic District	
Calumet	of: Ap	oleton				
16. Mailing Address (if different from	n premises ad	dress)				
P.O. BOX 347						
17. City				18. State	19. Zip Code	
Columbus				IN	47202	
20. Premises Phone		21. Premises Emai	ļ		22. Website	
920-714-3997	•	holidaylicenses(@holidaycompar	ies.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. Sold at POS. Stored and displayed at and around POS. Floor display by door. Floor plan attached.						
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?						
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: Holiday Stationstores, LLC						
3b. FEIN of Parent Company:						

53L:7/10/24 Council:7/17/24

Part C: Individual Information	on					
An Individual Questionnaire, Form CT any parent company indicated in Part all members and agents of a limited li	B. Such persons include					
List the full name, title, and phone	e number for each p	erson below. A	Attach addition	onal sheets if necess	sary.	
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 ar • sole proprietor • one ger	nd attest to this appli neral partner of a pa		• one corpo	orate officer • o	one mar	naging member of an LLC
READ CAREFULLY BEFORE SIG	NING:					
I understand and agree to the for	ollowing:					
I will only purchase cigarettes Department of Revenue, unle						
I will not purchase or exchange	ge products from ar	nother retailer,	, including tr	ansferring existing s	tock to	a new owner.
I will provide tobacco sales to (https://witobaccocheck.org).	• 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 single cigarettes.					
I will not sell, give, or otherwise provide cigarettes, tobacco, or any nicotine products to minors.						
I will keep product invoices of enforcement. Failure to compare to compa						ble for inspection by law
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 Melissalbunean Date 6/21/2024)24			
Name (Last, First, M.I.)						
Duncan, Melissa, A						
Title Email Asst. Secretary					Phone	
Asst. Secretary						
Part E: For Clerk Use Only						
Date application was filed with clerk	Date license issued		Date license	expires	Licens	e number
6/26/24 License fees	Signature of Clerk/De	puty Clerk				
100	g	E 217 - 21011				

Form CTV-102

Cigarette, Tobacco, and Electronic Vaping Device Appointment of Agent

· /
Date /
6/24/2024
7 , 1

Larson Brad 5. Phone	Agent Type (check one):	✓ Original ☐ Change	е		
Larson Brad 5. Phone	Part A: Agent Informa	ition			
S. Phone 3. Home Address W.S. O. City S. Embou M. 10. ** John M. 11. Driver* I consel/State ID Number 12. Drivers Licensel/State ID State of Issuance 13. Have you completed Form CTV-101, Cigaratte, Tobacco, and Electronic Vaping Device License-Individual Questionnaire? Submit a completed Form CTV-101 with this form. Questionnaire? Submit a completed Form CTV-101 with this form. Questionnaire? Submit a completed Form CTV-101 with this form. Questionnaire? Submit a completed Form CTV-101 with this form. Questionnaire? Submit a completed Form CTV-101 with this form. Questionnaire? Submit a completed Form CTV-101 with this form. Questionnaire? Submit a completed Form CTV-101 with this form. Questionnaire? Submit a completed Form CTV-101 with this form. Questionnaire Report Repo	1. Last Name				3. M.I.
3. Hone Address WSSUS London 11. Drivere I loceso/State ID Number 12. Drivers License/State ID State of Issuance Part B: Questions 13. Have you completed Form CTV-101, Cigarette, Tobacco, and Electronic Vaping Device License - Individual Questionnairo? Submit a completed Form CTV-101 with this form. 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. Logal Business Name (individual name if sole proprietor) 1. Indian head Oil I Co., LTC Business Tade Name or DBA Circle K #2746526 3. Entity Type (check one) 2. Limited Liability Company In Premises Address 1935 E Calumet St 5. City Appleton READ CAREFULLY BEFORE SIGNING: I, the Licensee, authorize the above-named individual to act for the above-named corporation of united devices conducted therein, Lostify that I am authorized by the entity to submove a major lead for entity. If I am appleating a successor agent, I resolid all provious agent appointments for this premises and fails with a major the content on with this application, and that any person who knowingly provides materially false information on this application may be required to ferfile not more than \$1,000 if convicted. Sarry Brant READ CAREFULY BEFORE SIGNING: I, the Agent, herby accept this appointment as agent for the above-named corporation or illimited dispression of the conduct of the premises relative to dispression provides materially false information on this application on the income on the state of cigarious to submitting false statements and connection with this spointment as agent for the above-name topograficor or illimited dispression or provides and or described to forder to submitting false statements and connection with this spointment is forder than the spointment of the false information on this application on the time of the conduct of all business relative to sales of cigarious, bother described excluding the provides and additional to a connection with this s			Brad	5 Phone	
### State 9. Zip Code WI 5.4 5. ### Seymence 11. Drivers Icense/State ID Number 12. Drivers Icense/State ID State of Issuance 13. Drivers Icense/State ID State of Issuance 14. Drivers Icense/State ID State of Issuance 15. #### Part B: Questions 11. Drivers Icense/State ID Number 12. Drivers Icense/State ID State of Issuance Icense Individual Icense Icense Individual Icense Icens				3. FIIOIIE	
Seminor Semi	6. Home Address				
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11. Drivers I icense/State ID Number 12. Drivers License/State ID State of issuance 13. Part B: Questions 14. Have you completed Form CTV-101, Cigarette, Tobacco, and Electronic Vaping Device License - Individual Questionnaire? Submit a completed Form CTV-101 with this form.	7. City			8. State	1
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Questionnaire? Submit a completed Form CTV-101 with this form. Yes N	Part B: Questions				
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Appleton 6. State 7. Zip Code WI 54915	4. Premises Address		-		
Appleton WI 54915 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 06/21/2024 Title V.P. of Operations READ CAREFULLY BEFORE SIGNING: 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 wiff 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 provides. Date Da	1935	E Calumet St			
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