

Form  
CTV-100

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

FOR CLERKS ONLY	
Municipality	Appleton
License Period	2023-2024

**Part A: Premises/Business Information**

1. Legal Business Name (individual name if sole proprietor) <u>INDIANHEAD OIL CO. LLC</u>			
2. Business Trade Name or DBA <u>CIRCLE K #2746526</u>			
3. FEIN .....		4. Wisconsin Seller's Permit Number <u>456-0000432420-04</u>	
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 <u>WI</u>		7. Date of Organization <u>9/17/1964</u>	
8. Wisconsin DFI Registration Number .....			
9. Premises Address (do not use PO Box) <u>1935 E CALUMET ST</u>			
10. City <u>APPLETON</u>		11. State <u>WI</u>	12. Zip Code <u>54915</u>
13. County <u>DUGANIE</u>	14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: <u>APPLETON</u>		15. Aldermanic District <u>5</u>
16. Mailing Address (if different from premises address) <u>PO BOX 347</u>			
17. City <u>COLUMBUS</u>		18. State <u>WI</u>	19. Zip Code <u>47202</u>
20. Premises Phone <u>920-714-3947</u>		21. Premises Email <u>HOLIDAYLICENSES@HOLIDAYCOMPANIES.COM</u>	
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. <u>SOLD AT POS - CIGARETTES, TOBACCO, VAPES</u> <u>STORED IN BACKROOM. COLD VAULT (WALK IN BEER CASE). FIXTURES ON FLOOR.</u> <u>WINE WALL. BEER PLATFORM. 12' IN LINE LIQUOR. BEER TROUGH. LIQUOR</u> <u>BEHIND POS.</u>			

**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 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 STATIONSTONES, LLC</u> 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
CUNNINGTON	KATHLEEN	PRESIDENT/TREASURER	
BRANT	GARY	V.P. OF OPERATIONS	
DUNCAN	MELISSA	ASSISTANT SEC	

**Part D: Attestation**

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

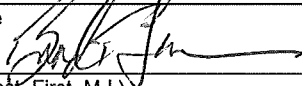
- sole proprietor
- one general partner of a partnership
- one corporate officer
- one managing member of an LLC

**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 3/6/2024
Name (Last, First, M.I.) LARSON BRAD T.	
Title GENERAL MANAGER	Email i
Phone 1	

**Part E: For Clerk Use Only**

Date application was filed with clerk 03/06/2024	Date license issued	Date license expires	License number
License fees	Signature of Clerk/Deputy Clerk		