

**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) ALL N ONE SMOKE VAPE PULL LLC			
2. Business Trade Name or DBA SMOKE SHOP			
3. FEIN		4. Wisconsin Seller's Permit Number 456-1031879714-02	
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 WI		7. Date of Organization 4/2025	8. Wisconsin DFI Registration Number A14564
9. Premises Address (do not use PO Box) 2700 E. CALUMET ST			
10. City APPLETON		11. State WI	12. Zip Code 54915
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) 9601 HUMBOLDT AVES			
17. City BLOOMINGTON		18. State MN	19. Zip Code 55431
20. Premises Phone 614-695-2904		21. Premises Email ODALABURA-NANI@CLOUD.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. BUILDING HAS A STORAGE ROOM AS WELL AS AN OFFICE SPACE. THE FRONT AREA WILL BE COUNTER AND DISPLAY CASES AND SLAT WALL PANELS FOR CUSTOMERS SHOWROOM. FRONT OFFICE/SPACE IS WHERE RECORDS ARE KEPT.			

<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 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 checked="" 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: _____		

Metafile:

**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
MAHMOUD ABDELHAM	ATLAAH	OWNER	

**Part D: Attestation**

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

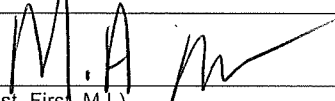
- sole proprietor
- one general partner of a partnership
- one corporate officer
- one managing member of an LLC

**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
	2/10/2025
Name (Last, First, M.I.)	
ATLAAH MOHAMMAD MAHMOUD ABDELHAM	
Title	Email   Phone
OWNER	

**Part E: For Clerk Use Only**

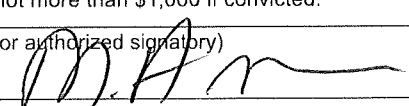
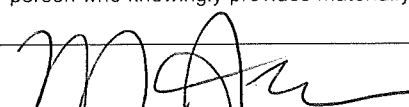
Date application was filed with clerk	Date license issued	Date license expires	License number
3/3/25			
License fees	Signature of Clerk/Deputy Clerk		

Agent Type (check one):  Original  Change

<b>Part A: Agent Information</b>		
1. Last Name MAHMOUD ABDELHADI	2. First Name ATLAAH	3. M.I. M
4. Email		5. Phone
6. Home Address 317 27 KELLEN GROVE CT		
7. City BROOKSHIRE		8. State TX
		9. Zip Code 77441
10. Date of Birth	11. Drivers License/State ID Number	12. Drivers License/State ID State of Issuance

<b>Part B: Questions</b>	
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.	

<b>Part C: Business Information</b>	
1. Legal Business Name (individual name if sole proprietor) ALL NONE SMOKE VAPE PLUS LLC	
2. Business Trade Name or DBA SMOKE SHOP	
3. Entity Type (check one) <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation	
4. Premises Address 2706 E CALUMET ST	
5. City APPLETON	7. Zip Code 54915

<b>Part D: Attestations</b>	
<p><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.</p>	
Signature of Licensee (officer, member, or authorized signatory) 	Date 2/10/2025
Name of Person Signing for Licensee ATLAAH MOHAMMAD MAHMOUD ABDELHADI	Title OWNER
<p><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.</p>	
Signature of Agent 	Date 2/10/2025