

6/30/2020
July-June

City of Appleton
Dept. of Finance
P.O. 2519
Appleton, WI 54912-2519

21851

Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

Rec # 439-0001

MUNICIPAL USE ONLY

License Number
Period Covered 7/01/2019 - 6/30/2020
Date of Issuance

Applicant's Wisconsin 15-digit Sales Tax Account Number
●●●●●●●●●●●●●●●●

← This must be issued in the same Legal Name of the licensee below.

Legal Name (corporation, limited liability company, partnership or sole proprietorship) Dolgencorp, LLC			Federal Employer Identification No. (FEIN) ●●●●●●●●		
Trade or Business Name (if different than Legal Name) Dollar General Store # 21851			Telephone Number (615) 855-4000		
Business Address (License Location) 1010 W College Ave			Business Located In <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town		
Municipality Appleton	State WI	Zip Code 54914	of: Appleton		
Mailing Address (if different than Business Address) Tax Licensing, 100 Mission Ridge			Municipality Goodlettsville		
			State TN	Zip Code 37072	

Business Telephone
() TRD
County
Outagamie

\$100 per city clerk office

Organization (check one)

- Sole Proprietor
- Wisconsin Corporation – Enter date incorporated:
- Partnership
- Out-of-State Corporation – Are you registered to do business in Wisconsin? Yes No
- Other (describe) OUT OF STATE LIMITED LIABILITY COMPANY REGISTERED TO DO BUSINESS IN WISCONSIN

- Yes No 1. Does the applicant understand that they must purchase cigarettes only from distributors or jobbers who hold a permit with the Wisconsin Department of Revenue?
- Yes No 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-266-6701. See application form CTP-129, revenue.wi.gov/forms/excise/ctp-129.pdf.)
- Yes No 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
- Yes No 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (<https://witobaccocheck.org>)
- Yes No 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?
- Yes No 6. Does the applicant understand that they may not sell single cigarettes?
- Yes No 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
- Yes No 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at www.doj.state.wi.us/dls/tobacco-directory may be sold in Wisconsin?

Cigarettes / Tobacco will be sold over counter through vending machine both

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees to operate this business according to law and regulations by the license(s), if granted, cannot be assigned to another.

Vendor #155289
 Invoice #202121851TOBCITY8
 Batch #18728 \$ 100.00

Inspected premises during inspection will be deemed a refusal to permit inspection. Such refusal to inspect or the expiration of this license. Any person who knowingly provides materially false information on this application is liable for a fine of not more than \$1,000.

[Signature]

 (of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)

Tob City \$100 Separate Payments :
CTP-200 (R. 7-18)

Please return check to:

Daniel Hogue