

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

FOR CLERKS ONLY
Municipality <b>Appleton</b>
License Period <b>JULY 1 2024 - JUNE 30 2025</b>

<b>Part A: Premises/Business Information</b>		<b>\$100</b>
1. Legal Business Name (individual name if sole proprietor) Dolgencorp, LLC		
2. Business Trade Name or DBA Dollar General Store # 6535		
3. FEIN	4. Wisconsin Seller's Permit Number 456-0000208845-05	
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 KY	7. Date of Organization 10/9/2008	8. Wisconsin DFI Registration Number
9. Premises Address (do not use PO Box) 1320 W WISCONSIN AVE UNIT		
10. City APPLETON	11. State WI	12. Zip Code 54914-3287
13. County OUTAGAMIE	14. Governing Municipality: <input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: APPLETON	15. Aldermanic District
16. Mailing Address (if different from premises address) 100 MISSION RIDGE		
17. City GOODLETTSVILLE	18. State TN	19. Zip Code 37072
20. Premises Phone 9202680610	21. Premises Email TAX-BEERANDWINELICENSE@DOLLARGENERAL.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.  8119 Shopping Center building consisting of sales area and stock room		

<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 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>DOLLAR GENERAL CORPORATION</u>  3b. FEIN of Parent Company: _____

S&L:  
Council:

**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
BRINING	ZACHARY	CEO/LLC MANAGER	
TAYLOR	EMILY	CFO/LLC MANAGER	
GREENE	JOHN	DISTRICT 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 4/22/2024
Name (Last, First, M.I.) BRINING, ZACHARY, J		
Title LLC MANAGER	Email	Phone

**Part E: For Clerk Use Only**

Date application was filed with clerk 7/19/24	Date license issued	Date license expires	License number
License fees	Signature of Clerk/Deputy Clerk		

**Cigarette, Tobacco, and Electronic Vaping Device  
Appointment of Agent**

Date

Agent Type (check one):  Original  Change

**Part A: Agent Information**

1. Last Name GREENE	2. First Name JOHN	3. M.I. E
4. Email		5. Phone
6. Home Address W145 LAKE SANDIA DR		
7. City KRAKOW		8. State WI
		9. Zip Code 54137
10. Date of Birth	11. Drivers License/State ID Number	12. Drivers License/State ID State of Issuance

**Part B: Questions**

1. Have you completed Form CTV-101, *Cigarette, Tobacco, and Electronic Vaping Device License - Individual Questionnaire*? Submit a completed Form CTV-101 with this form.  Yes  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)  
DOLGENCORP, LLC

2. Business Trade Name or DBA  
DOLLAR GENERAL STORE #

3. Entity Type (check one)  
 Limited Liability Company  Corporation

4. Premises Address

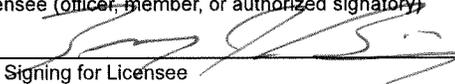
5. City

6. State  
WI

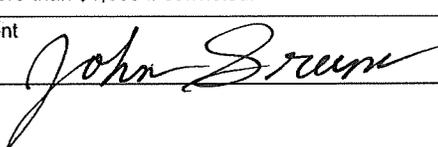
7. Zip Code

**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
Name of Person Signing for Licensee	Title

**READ CAREFULLY BEFORE SIGNING:** I, the Agent, hereby 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 5-7-24
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