

\$50.00

MUNICIPAL USE ONLY

Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

License Number
Period Covered
Date of Issuance

Applicant's Wisconsin 15-digit Sales Tax Account Number 456-0000287614-03
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← This must be issued in the same Legal Name of the licensee below.

Legal Name (corporation, limited liability company, partnership or sole proprietorship) Kwik Trip, Inc.			Federal Employer Identification No. (FEIN) 39-1036365		
Trade or Business Name (if different than Legal Name) KWIK TRIP 596			Telephone Number 608-791-7385		
Business Address (License Location) 1110 State St		Business Located In <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town		Business Telephone 608-767-2475	
Municipality Black Earth	State WI	Zip Code 53515	of: Black Earth Village of		County Dane
Mailing Address (if different than Business Address) P.O. Box 2107			Municipality La Crosse	State WI	Zip Code 54602-2107

Organization (check one)

Sole Proprietor
 Wisconsin Corporation – Enter date incorporated: 10/7/1964
 Partnership
 Out-of-State Corporation – Are you registered to do business in Wisconsin? Yes No
 Other (describe) _____

- Yes No 1. Does the applicant understand that they must purchase cigarettes and tobacco products only from distributors, jobbers, or sub 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/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 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.

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

Applicable Laws and Rules

This document provides statements or interpretations of the following laws and regulations in effect as of September 19, 2019: Sections 134.65, 134.66, 139.321, 139.79, 139.76, 995.10, and 995.12, Wis. Stats.

Application for Cigarette and Tobacco Products Retail License

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MUNICIPAL USE ONLY

License Number
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Date of Issuance

Applicant's Wisconsin 15-digit Sales Tax Account Number
456-1030836599-04

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Legal Name (corporation, limited liability company, partnership or sole proprietorship) BLACK EARTH BP INC.			Federal Employer Identification No. (FEIN) 87-3620397	
Trade or Business Name (if different than Legal Name)			Telephone Number (608) 843-6144	
Business Address (License Location) 1525 STATE ST.		Business Located In <input type="checkbox"/> City <input checked="" type="checkbox"/> Village <input type="checkbox"/> Town of: _____		Business Telephone (608) 767-2390
Municipality BLACK EARTH	State WI	Zip Code 53515	County	
Mailing Address (if different than Business Address) P O BOX 413		Municipality BLACK EARTH	State WI	Zip Code 53515

Organization (check one)

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 Partnership Out-of-State Corporation – Are you registered to do business in Wisconsin? Yes No
 Other (describe) _____

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

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