## Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

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Applicant's Wisconsin 15-digit Sales Tax Account Number					This must be issued in the same Legal Name of the licensee below.					Date of Issuance				
Legal Name (co	orporation, limited	l liability company,	partnershi	p or sole pr	oprietorship)					Federal	Employe	r Identificati	on No. (FEIN)	
Trade or Busine	ess Name (if di	ifferent than Leg	al Name	)						Telepho	ne Numb	er		
										(	)			
Business Address (License Location)						Business Located In  City Village Town				Business Telephone				
Municipality		State Zip Coo		е	of:				County					
Mailing Address	an Business Ad	usiness Address)			Municipality				State Zip Code					
Organization	(check one	2)												
Sole Pro	,		isconsi/	in Corpo	oration – Ent	er date inco	orporated:							
Partners	По	Out-of-State Corporation – Are you registered to do business in W								in?	Yes	No		
Other (describe)														
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	untaxeo availab	. 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, <a href="revenue.wi.gov/forms/excise/ctp-129.pdf">revenue.wi.gov/forms/excise/ctp-129.pdf</a> .)											
Yes	No		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	Does the applicant understand that they must provide employees with tobacco sales training approby the Wisconsin Department of Health Services? ( <a href="https://witobaccocheck.org">https://witobaccocheck.org</a> )								ng approved			
Yes	No	<ol><li>Does the product</li></ol>	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 th	ie appl	icant ui	nderstand tl	hat they m	ay not sell	single	cigaret	tes?				
Yes	No	license Wiscon	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	the Wis	consin	Depart	derstand th tment of Jus doj.state.wi	stice's web	site labeled	d "Direc	ctory of	Certifi	ied Tob	ассо Ма		
Cigarettes /	Tobacco w	ill be sold		ove	er counter		through ve	ending	machin	e		both		
READ CARE	EIIIIVDE	EUDE SIGI	MINIC:	Undor	nonalty prov	ided by lev	the englis	aant ata	stop the	t oook	of the	abaya		

**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)

MUNICIPAL USE ONLY

License Number

Period Covered