FOR CLERKS ONLY
Municipality VILLAGE OF SISTER BAY
License Period 2025-2026

Part A: Premises/Busines	s Informati	on				
1. Legal Business Name (individua	I name if sole p	proprietor)				
Raelynn, Inc.						
2. Business Trade Name or DBA						
Bhirdos By the Bay						
3. FEIN			4. Wisconsin Se	ller's Permit	Number	
392027418			456-00001	83541-03	3	
5. Entity Type (check one)			-			_
Sole Proprietor	L Pa	artnership	Lim	ited Liability		✓ Corporation
6. State of Organization		7. Date of Organiza	ation		8. Wisconsin DFI Registrati	on Number
Wisconsin		06/01/2001			R037106	
9. Premises Address (do not use P	•					
10748 N Bay Shore Dr	ive					
10. City				11. State	12. Zip Code	
Sister Bay				WI	54234	
13. County		Municipality: Cit	y 🗌 Town [	✓ Village	15. Aldermanic District	
Door	of: Sist			2	n/a	
16. Mailing Address (if different from	n premises add	iress)				
PO Box 105				T		
17. City				18. State	19. Zip Code	
Sister Bay				WI	54234	
20. Premises Phone		21. Premises Email			22. Website	
854-2975		denise@bhir			n/a	
23. Premises Description - Describe Describe all rooms including liv records. Cigarettes, tobacco pr Attach a floor plan if possible.	ing quarters, if	used, for the sales a	nd/or storage of o	igarettes, tol	pacco products, and electronic	ic vaping devices and
Stone building with	n a sales	floor area,	office, an	nd store	eroom.	
Part B: Questions						
1. What products will be sold at	this business	location? (check	all that apply)			
✓ Cigarettes		*	Products		✓ Electronic Va	ping Devices
						F9 =
2. How will cigarettes, tobacco,  Over the counter	and/or electro	onic vaping device		ck all that a	apply)	
3. Is the applicant business own	ned by anothe					☐ Yes ☑ No
If yes, provide the name and	-	-				
CTV-101 for all of the parent				гені сотіра	ny members in Part C, an	io attach Form
3a. Name of Parent Compan	y:					
3b. FEIN of Parent Company						

### 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	
Bhirdo	Denise	Owner	421-0461	
Bhirdo-Pluff	Michele	Owner	421-0462	

Р	ar	ŧ	D	:	A	۱t	te:	st	a	ti	0	n

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	
Denise L Dhudo	04/21/2025	
Name (Last, First, M.I.)		
Denise L Bhirdo		
Title	Email	Phone
owner	denise@bhirdos.com	854-2215

Part E: For Clerk Use Only			
Date application was filed with clerk	Date license issued	Date license expires	License number
RECEIVED APR 2 5 2025			
License fees \$50.00	Signature of Clerk/Deputy Clerk		

FOR CLERKS ONLY			
Municipa	mity of the	Ro	11
License	Period	110	9
	200	35-21	26

Part A: Premises/Business Information						
Legal Business Name (individua	1. Legal Business Name (individual name if sole proprietor)					
	Piggly Wiggly Sister Bay, Inc					
2. Business Trade Name or DBA						
Piggly Wiggly						
3. FÉIN			4. Wisconsin Se	eller's Permit	Number	
39-1423414			456-00001	76092-03	3	
5. Entity Type (check one)						
Sole Proprietor					y Company	Corporation
6. State of Organization 7. Date of Organization			ition		8. Wisconsin DF	Registration Number
Wisconsin		12/29/1983			IP12324	
9. Premises Address (do not use P	О Вох)					
105676 Country Walk	Dr					
10. City				11. State	12. Zip Code	
Sister Bay				WI	54234	
13. County	14. Governing	Municipality: City	y 🗌 Town	✓ Village	15. Aldermanic D	District
Door	of: Sist				n/a	
16. Mailing Address (if different from	n premises add	lress)				
P.O. Box 437						
17. City				18. State	19. Zip Code	
Sister Bay				WI	54234	
20. Premises Phone		21. Premises Email		-	22. Website	
(920) 854-2391		pigglywiggly	ysb@gmail.	com	shopthepig	.com
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. 24,000 Sq ft. building. The products will be stored and sold from the service desk of the facility						
Part B: Questions						
	this bireless	Inaction O (sheet)	II 4b a4 a in in b i			
What products will be sold at    Cigarettes	this business	Tobacco I			☐ Elec	tronic Vaping Devices
How will cigarettes, tobacco,     Over the counter	and/or electro	onic vaping devices  Vending r	-	ck all that a	pply)	
3. Is the applicant business own	ed by anothe	r business entity?				Yes No
3. Is the applicant business owned by another business entity?						
3a. Name of Parent Company	/:					
3b. FEIN of Parent Company:						

### 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.

	First Name	Title	Phone
Nesbitt	Thomas	Presedent	(920) 379-8735
Nesbitt	Daniel	Vice President	(920) 304-6997
Kita	Jay	Manager/Agent	(920) 854-2391

#### 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. (<a href="https://witobaccocheck.org">https://witobaccocheck.org</a>).
- 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.

Momas P. Meslitt	Date 05/21/2025			
Name (Last, First, M.I.) Nesbitt, Thomas P.				
Title President	Email tnesbitt@new.rr.com	Phone (920) 379-8735		

Part E: For Clerk Use Only				
Date application was filed with clerk- ECEIVED MAY 20 202	Date license issued	Date license expires	License number	
License fees \$50.00	Signature of Clerk/Deputy Clerk			

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

Print

Save

Municipality

Stev Bay

License Period

2025 - 2026

Part A: Premises/Business Informat						
1. Legal Business Name (individual name if sole	1. Legal Business Name (individual name if sole proprietor)					
2. Business Trade Name or DBA	1 00					
SPSte		U	N			
3. FEIN 88-1260211	4. Wisconsin Se 456 – 10	_ 1				
5. Entity Type (check one)  Sole Proprietor	artnership	ited Liability	Company Corporation			
6. State of Organization	7. Date of Organization 2022		8. Wisconsin DFI Registration Number R082217			
9. Premises Address (do not use PO Box) & 431 S. Bay Shor	re Dr.					
10. City		11. State	12. Zip Code			
Sisterbay		61	54234			
13. County 14. Governing	g Municipality: City Town G er Bay	Village	15. Aldermanic District n/a			
16. Mailing Address (if different from premises ad	dress)					
17. City		18. State	19. Zip Code			
20. Premises Phone 443-716-8858	21. Premises Email Rang LLC22(1) mail.	lem	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. Entire building located at 2431 S Bay Shore Dr. Sales will be over the counter.						
		4				
Part B: Questions						
<ol> <li>What products will be sold at this busines</li> <li>Cigarettes</li> </ol>	s location? (check all that apply)  Tobacco Products		✓ Electronic Vaping Devices			
2. How will cigarettes, tobacco, and/or electr	onic vaning devices be sold? (che	ck all that a	apply)			
✓ Over the counter	Vending machine	ok all triat c	(PPIY)			
3. Is the applicant business owned by another	er business entity?		····· Yes 🗌 No			
If yes, provide the name and FEIN of the pCTV-101 for all of the parent company's n		rent compa	ny members in Part C, and attach Form			
3a. Name of Parent Company:						
3b. FEIN of Parent Company:						

Part C: Individual Informa	tion				
An Individual Questionnaire, Form of any parent company indicated in Parall members and agents of a limited	art B. Such persons inclu	leted and attach ide: sole proprie	ed to this appli tor, all officers	cation for each person and agents of a corpora	involved in the applicant business and ation, all partners of a partnership, and
List the full name, title, and pho	ne number for each p	person below.	Attach additio	nal sheets if necess	ary.
Last Name	First Name		Title		Phone
Rana	Bisal		Own	er	443-7-16-8858
Part D: Attestation					
READ CAREFULLY BEFORE SI I understand and agree to the I will only purchase cigarette Department of Revenue, ur I will not purchase or excha I will provide tobacco sales (https://witobaccocheck.org I will not sell single cigarette I will not sell, give, or othere I will keep product invoices enforcement. Failure to com I will not sell cigarettes or ro of certified tobacco manufact Further, under penalty provide to operate this business accortains accortains and the companion of	eneral partner of a page o	or products fro proper distribu- nother retailer, n approved by es, tobacco, or mises for two y ult in criminal p bacco product his application the rights and tion of a licens	tor's permit a including trace the Wiscons of any nicotine years and encenalties, incomplete that been true responsibilitied premises ation of this lice.	s, jobbers, or subjob nd pay all applicable insferring existing st sin Department of He products to minors sure the records are luding loss of invent d on the Wisconsin ( thfully answered to the es conferred by the during inspection w tense. Any person w	ock to a new owner. ealth Services to my employees. e available for inspection by law
Signature Name (Last, First, M.I.)	/ /			Date 04/20/2	-5
Kara.	bisal		x'		
Name (Last, First, M.I.) Rana Title Owner/mayor		Rang CC	e 22@gm	elan	Phone 449 -> 16-8858
Part E: For Clerk Use Only					
Date application was filed with clerk	Date license issued		Date license	expires	License number

License fees

\$50.00

Signature of Clerk/Deputy Clerk

ave ||

Print | |

Clear

FOR CLERKS ONLY

Municipality Bay

License Period

Part A: Premises/Business Information						
Legal Business Name (individual name if sole proprietor)						
		Kana LLC	_			
2. Business Trade Name or DBA						
	Sister	bay petri	)			
3. FEIN		1	4. Wisconsin Se			
88-1260	1211		426-	[03099	8436-04	
5. Entity Type (check one)  Sole Proprietor	Пр	artnership	<b>□</b> im	ited Liability	(Company	Corporation
6. State of Organization	<u></u>	7. Date of Organiza		ited Elability	8. Wisconsin DFI Re	
6. State of Organization		2022	ation		R082217	gistiation reuniber
9. Premises Address (do not use P	O Box)	l e e e e e e e e e e e e e e e e e e e				
2579 S. 1	Zay Shor	POR.				
10. City	1500			11. State	12. Zip Code	
Sistersau	i.			WI	54234	
13. County	14. Governing	Municipality: 🔲 Cit	ty 🗌 Town	Village	15. Aldermanic Distr	ict
Door	of: S	Sterbay			n/a	
16. Mailing Address (if different from	n premises ad	dress)				
P.D. Box	770					
17. City				18. State	19. Zip Code	
Sister!	bay			WI	54234	
20. Premises Phone		21. Premises Emai			22. Website	
443-716-88			120gmel			
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.						
Entire building located at 2579 S Bay Shore Dr. Sales will be over the counter.						
Part B: Questions						
1. What products will be sold at this business location? (check all that apply)						
Cigarettes		Tobacco	Products		Electro	nic Vaping Devices
2. How will cigarettes, tobacco, and/or electronic vaping devices be sold? (check all that apply)						
Over the counter						
3. Is the applicant business owned by another business entity?						
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:					
3b. FEIN of Parent Company	/,					

### 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. Title Phone First Name Last Name (141-7/6-8858 Part D: Attestation One of the following must sign and attest to this application: · one managing member of an LLC · one general partner of a partnership · one corporate officer · sole proprietor **READ CAREFULLY BEFORE SIGNING:** Lunderstand 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. Date Signature 04/20/25 Name (Last, First, M. Email Title na Cle 220gmal Con Part E: For Clerk Use Only Date application was filed with clerk License number Date license expires Date license issued

License fees

\$50.00

Signature of Clerk/Deputy Clerk

FOR CLERKS ONLY				
Municipali	Ster Bay			
License P	eriod 025 - 2026			

Part A: Premises/Business Information						
1. Legal Business Name (individual name if sole proprietor)  Sしては、こんし						
2. Business Trade Name or DBA						
TITIME MARKET + CAFER	esna					
3. FEIN 99-3128633	4. Wisconsin Selle		Number - 6 4 4425 - 6 4			
5. Entity Type (check one)  Sole Proprietor  Partnership	Limit	ed Liability	Company K Corporation			
6. State of Organization 7. Date of O	organization 5 - / - 202 Y		8. Wisconsin DFI Registration Number $B117819$			
9. Premises Address (do not use PO Box)  /0588 LOUNTRY WALK AR	z. #16					
10. City SESTER BAY		11. State <b>&amp;</b> 2	12. Zip Code <b>5 7 2 3 Y</b>			
13. County 14. Governing Municipality: of: JZJFEN		] Village	15. Aldermanic District			
16. Mailing Address (if different from premises address)						
17. City Stren Born		18. State	19. Zip Code <b>5 Y 2 3 Y</b>			
20. Premises Phone 21. Premise 920 · 633 · 4012 / W/J	es Email 91971& & mase	. 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.  Refer Asc.  Agency Refer Asc.  Agency Refer Asc.						
Part B: Questions						
1. What products will be sold at this business location? (check all that apply)  ☐ Cigarettes						
2. How will cigarettes, tobacco, and/or electronic vaping devices be sold? (check all that apply)  \[ \overline{\mathbb{Y}} \]  Over the counter  \[ \overline{\mathbb{U}} \]  Vending machine						
3. Is the applicant business owned by another business entity?						
3a. Name of Parent Company:						
3b. FEIN of Parent Company:						

#### 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
BRADLEY	KARL	TREASORER	920.559.7111
BRADIEY	BAYAN	PRECEDENS	920.495-0432
BRADIEY	LAURA	SECRETORY	920-445-5193
GAGISARDO	TONDA	Vace Presence	920-559-7111

_	-	 4.4	4 4 9	
Dare	1 .	 TTOO	tation	è
rait	υ.	 LLCS	tation	ł

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 3	Date 5.70	1.25
Name (Last, First, M.I.)  Skapley, ILANL h	<i>I</i>	
Title	Email	Phone
OWNER. TREMOURER	/LWB197106mASC. CO	m 920.559-7111

D	PANT EV EOI GLANK Use Only	5		
	Date application was filed with clerk	Date license issued	Date license expires	License number
	License fees \$50.00	Signature of Clerk/Deputy Clerk	-	

CTV-100 (N. 2-24) - 2 -