

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

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

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietor)

Raelynn, Inc.

2. Business Trade Name or DBA

Bhirdos By the Bay

3. FEIN

392027418

4. Wisconsin Seller's Permit Number

456-0000183541-03

5. Entity Type (check one)

☐

Sole Proprietor

☐

Partnership

☐

Limited Liability Company

☒

Corporation

6. State of Organization

Wisconsin

7. Date of Organization

06/01/2001

8. Wisconsin DFI Registration Number

R037106

9. Premises Address (do not use PO Box)

10748 N Bay Shore Drive

10. City

Sister Bay

11. State

WI

12. Zip Code

54234

13. County

Door

14. Governing Municipality: ☐ City ☐ Town ☒ Village

of: Sister Bay

15. Aldermanic District

n/a

16. Mailing Address (if different from premises address)

PO Box 105

17. City

Sister Bay

18. State

WI

19. Zip Code

54234

20. Premises Phone

854-2975

21. Premises Email

denise@bhirdos.com

22. Website

n/a

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.

Stone building with a sales floor area, office, and storeroom.

Part B: Questions

1. What products will be sold at this business location? (check all that apply)

☒

Cigarettes

☒

Tobacco Products

☒

Electronic Vaping Devices

2. How will cigarettes, tobacco, and/or electronic vaping devices be sold? (check all that apply)

☒

Over the counter

☐

Vending machine

3. Is the applicant business owned by another business entity? ☐ Yes ☒ 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: _____

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

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

Part E: For Clerk Use Only

Date application was filed with clerk RECEIVED APR 25 2025	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**

FOR CLERKS ONLY	
Municipality	Sister Bay
License Period	2025-2026

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietor)

Piggly Wiggly Sister Bay, Inc

2. Business Trade Name or DBA

Piggly Wiggly

3. FEIN

39-1423414

4. Wisconsin Seller's Permit Number

456-0000176092-03

5. Entity Type (check one)

☐ Sole Proprietor

☐ Partnership

☐ Limited Liability Company

☒ Corporation

6. State of Organization

Wisconsin

7. Date of Organization

12/29/1983

8. Wisconsin DFI Registration Number

IP12324

9. Premises Address (do not use PO Box)

105676 Country Walk Dr

10. City

Sister Bay

11. State

WI

12. Zip Code

54234

13. County

Door

14. Governing Municipality: ☐ City ☐ Town ☒ Village

of Sister Bay

15. Aldermanic District

n/a

16. Mailing Address (if different from premises address)

P.O. Box 437

17. City

Sister Bay

18. State

WI

19. Zip Code

54234

20. Premises Phone

(920) 854-2391

21. Premises Email

pigglywigglysb@gmail.com

22. Website

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

1. What products will be sold at this business location? (check all that apply)

☒ Cigarettes

☒ Tobacco Products

☐ Electronic Vaping Devices

2. How will cigarettes, tobacco, and/or electronic vaping devices be sold? (check all that apply)

☒ Over the counter

☐ Vending machine

3. Is the applicant business owned by another business entity? ☐ Yes ☒ 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: _____

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
Nesbitt	Thomas	President	(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. (<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
Thomas P. Nesbitt

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	Date license issued	Date license expires	License number
RECEIVED MAY 20 2025			
License fees \$50.00	Signature of Clerk/Deputy Clerk		

Form
CTV-100Cigarette, Tobacco, and Electronic Vaping
Device Retail License Application

FOR CLERKS ONLY

Municipality

License Period

Sister Bay

2025-2026

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietor)

Rana LLC

2. Business Trade Name or DBA

Sisterbay BP

3. FEIN

88-1260211

4. Wisconsin Seller's Permit Number

456-1030998436-04

5. Entity Type (check one)

☐

Sole Proprietor

☐

Partnership

☒

Limited Liability Company

☐

Corporation

6. State of Organization

WI

7. Date of Organization

2022

8. Wisconsin DFI Registration Number

R082217

9. Premises Address (do not use PO Box)

2431 S. Bay Shore Dr.

10. City

Sisterbay

11. State

WI

12. Zip Code

54234

13. County

Door

14. Governing Municipality: ☐ City ☐ Town☒ Village

of: sister Bay

15. Aldermanic District

n/a

16. Mailing Address (if different from premises address)

17. City

18. State

19. Zip Code

20. Premises Phone

443-716-8858

21. Premises Email

Rana LLC22@gmail.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.

Entire building located at 2431 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

☒

Electronic Vaping Devices

2. How will cigarettes, tobacco, and/or electronic vaping devices be sold? (check all that apply)

☒

Over the counter

☐

Vending machine

3. Is the applicant business owned by another business entity? ☒ Yes ☐ 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:

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
Rana	Bisal	owner	443-716-8858

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.

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Signature <i>Bisal</i>		Date <i>04/20/25</i>	
Name (Last, First, M.I.) <i>Rana Bisal</i>			
Title <i>owner/manager</i>	Email <i>RanaLce22@gmail.com</i>	Phone <i>443-716-8858</i>	

Part E: For Clerk Use Only

Date application was filed with clerk RECEIVED MAY 12 2025	Date license issued	Date license expires	License number
License fees \$50.00	Signature of Clerk/Deputy Clerk		

Form
CTV-100**Cigarette, Tobacco, and Electronic Vaping
Device Retail License Application**

FOR CLERKS ONLY	
Municipality	Sister Bay
License Period	2025-2026

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietor)

Rana LLC

2. Business Trade Name or DBA

Sisterbay petro

3. FEIN

88-1260211

4. Wisconsin Seller's Permit Number

456-1030998436-04

5. Entity Type (check one)

☐

Sole Proprietor

☐

Partnership

☒

Limited Liability Company

☐

Corporation

6. State of Organization

WI

7. Date of Organization

2022

8. Wisconsin DFI Registration Number

R082217

9. Premises Address (do not use PO Box)

2579 S. Bay Shore Dr.

10. City

Sister Bay

11. State

WI

12. Zip Code

54234

13. County

Door

14. Governing Municipality: ☐ City ☐ Town ☒ Village

of: Sister Bay

15. Aldermanic District

n/a

16. Mailing Address (if different from premises address)

P.O. Box 770

17. City

Sister Bay

18. State

WI

19. Zip Code

54234

20. Premises Phone

443-716-8858

21. Premises Email

Rana@220gmet.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.

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

☒

Electronic Vaping Devices

2. How will cigarettes, tobacco, and/or electronic vaping devices be sold? (check all that apply)

☒

Over the counter

☐

Vending machine

3. Is the applicant business owned by another business entity? ☒ Yes ☐ 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: _____

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
Rana	Bisal	owner/manger	443-716-8858

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	<i>Rana Bisal</i>	Date	04/20/25
Name (Last, First, M.I.)			
<i>Rana Bisal</i>			
Title	<i>owner/manger</i>	Email	<i>Rana LLC 22@gmail.com</i>
		Phone	443-716-8858

Part E: For Clerk Use Only

Date application was filed with clerk	Date license issued	Date license expires	License number
RECEIVED MAY 12 2025			
License fees	Signature of Clerk/Deputy Clerk		
\$50.00			

Cigarette, Tobacco, and Electronic Vaping
Device Retail License Application

FOR CLERKS ONLY	
Municipality	Sister Bay
License Period	2025-2026

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietor)

BLTK, INC.

2. Business Trade Name or DBA

TITIME MARKER + CATERING

3. FEIN

99-3128633

4. Wisconsin Seller's Permit Number

456-1031764425-04

5. Entity Type (check one)

☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☒ Corporation

6. State of Organization

WI

7. Date of Organization

6-1-2024

8. Wisconsin DFI Registration Number

B117819

9. Premises Address (do not use PO Box)

10580 COUNTRY WALK DR. #16

10. City

SISTER BAY

11. State

WI

12. Zip Code

54234

13. County

DOOR

14. Governing Municipality: ☐ City ☐ Town ☒ Village

of: SISTER BAY

15. Aldermanic District

16. Mailing Address (if different from premises address)

10339 St. Hwy 57

17. City

SISTER BAY

18. State

WI

19. Zip Code

54234

20. Premises Phone

920.633.4012

21. Premises Email

KWB1971@GMAIL.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.

RETAIL STORE w/ FOOD, WINE, LIQUOR, BEER.
CIGAR + RETAIL

Part B: Questions

1. What products will be sold at this business location? (check all that apply)

☐ Cigarettes☒ Tobacco Products☐ Electronic Vaping Devices

2. How will cigarettes, tobacco, and/or electronic vaping devices be sold? (check all that apply)

☒ Over the counter☐ Vending machine3. Is the applicant business owned by another business entity? ☐ Yes ☒ 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: _____

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	TREASURER	920-559-7111
BRADLEY	BAYAN	PRESIDENT	920-445-0432
BRADLEY	LAURA	SECRETARY	920-445-5143
GALLARDO	TONDA	VICE PRESIDENT	920-559-7111

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 5.30.25
Name (Last, First, M.I.) BRADLEY, KARL W.	
Title OWNER, TREASURER	Email 1LWB197106M@LL.COM
Phone 920-559-7111	

RECEIVED MAY 27 2025

Date application was filed with clerk	Date license issued	Date license expires	License number
License fees \$50.00	Signature of Clerk/Deputy Clerk		