

<b>FOR CLERKS ONLY</b>
Municipality
License Period

Form  
**CTV-100**

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

<b>Part A: Premises/Business Information</b>			
1. Legal Business Name (individual name if sole proprietor) <span style="float: right;">WALGREEN CO</span>			
2. Business Trade Name or DBA <span style="float: right;">WALGREENS #10962</span>			
3. FEIN <span style="float: right;">36-1924025</span>		4. Wisconsin Seller's Permit Number <span style="float: right;">456-0000455-404-05</span>	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation			
6. State of Organization <span style="float: right;">Illinois</span>		7. Date of Organization <span style="float: right;">02/15/1909</span>	8. Wisconsin DFI Registration Number <span style="float: right;">W066585</span>
9. Premises Address (do not use PO Box) <span style="float: right;">1133 N JOHNS ST</span>			
10. City <span style="float: right;">Dodgeville</span>		11. State <span style="float: right;">WI</span>	12. Zip Code <span style="float: right;">53533-1277</span>
13. County <span style="float: right;">Iowa</span>	14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: <span style="float: right;"><u>Dodgeville</u></span>		15. Aldermanic District
16. Mailing Address (if different from premises address) <span style="float: right;">PO BOX 901</span>			
17. City <span style="float: right;">Deerfield</span>		18. State <span style="float: right;">IL</span>	19. Zip Code <span style="float: right;">60015</span>
20. Premises Phone <span style="float: right;">(608) 935-2041</span>		21. Premises Email <span style="float: right;">mgr.10962@store.walgreens.com</span>	22. Website <span style="float: right;">www.walgreens.com</span>
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. <span style="float: right;">Retail drugstore with sundries in a one-story building of 14,820 sq ft.</span>			

<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 checked="" 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, provide the name(s) and FEIN(s) of the business entity(s) below. Attach additional sheets if necessary		
3a. Name of Business Entity: _____	N/A	
3b. FEIN of Business Entity: _____	N/A	

**Part C: Individual Information**

List the name, title, and phone number for each person or entity holding the following titles or positions in the applicant business and any businesses listed in Part B, Question 3: sole proprietor: all officers, directors, and agents of a corporation: all partners of a partnership: and all members and agents of a limited liability company. Attach additional sheets if necessary.

Include Form CTV-101, *Individual Questionnaire*, for each person listed below.

Last Name	First Name	Title	Phone
See attached rider of corporate officers			847-527-2119
McCormick	Tyeshia M	Agent	(608) 935-2041

**Part D: Attestation**

One of the following must sign and attest to this application:

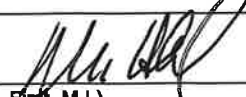
- sole proprietor      • one general partner of a partnership      • one corporate officer      • one managing member of an LLC

**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.
- I will not sell or offer for sale any electronic vaping device unless listed on the Wisconsin Department of Revenue's electronic vaping device directory.

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 allow 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 if convicted.

Signature		Date	5/12/20
Name (Last, First, M.I.)	Handal, Michael, G.		
Title	Licensing and Provider Enrollment Officer	Email	taxlicenser renewals@walgreens.com
Phone	847-527-2119		

**Part E: For Clerk Use Only**

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

Form  
**CTV-102**

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

Date **3/10/26**

Agent Type (check one):  Original  Change

<b>Part A: Agent Information</b>		
1. Last Name <i>McCormick</i>	2. First Name <i>Tyrshia</i>	3. M.I. <i>M</i>
4. Email <i>mgr.10962@store.walgreens.com</i>		5. Phone <i>(608) 935-2041</i>
6. Home Address <i>314 E Spring St</i>		
7. City <i>Dodgeville</i>	8. State <i>WI</i>	9. Zip Code <i>53533</i>
10. Date of Birth <i>4-30-91</i>	11. Drivers License/State ID Number <i>M26S-8139-1650-00</i>	12. Drivers License/State ID State of Issuance <i>Wisconsin</i>

<b>Part B: Questions</b>
1. Have you completed Form CTV-101, <i>Cigarette, Tobacco, and Electronic Vaping Device - Individual Questionnaire</i> ? Submit a completed Form CTV-101 with this form. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. If this is a change of agent, please describe the reason for the agent change. Attach additional sheets if necessary.  <i>New Store Manager</i>

<b>Part C: Business Information</b>		
1. Legal Business Name (Individual name if sole proprietor) <b>WALGREEN CO</b>		
2. Business Trade Name or DBA <b>WALGREENS #10962</b>		
3. Entity Type (check one) <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation		
4. Premises Address <b>1133 N JOHNS ST</b>		
5. City <b>Dodgeville</b>	6. State <b>WI</b>	7. Zip Code <b>53533-1277</b>

<b>Part D: Attestations</b>	
<p><b>READ CAREFULLY BEFORE SIGNING:</b> I, the Licensee or Permittee, 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.</p>	
Signature of Licensee or Permittee (officer, member, or authorized signatory) <i>M. Handal</i>	Date <i>5/12/26</i>
Name of Person Signing <b>Handal, Michael, G.</b>	Title <b>Licensing and Provider Enrollment Officer</b>
<p><b>READ CAREFULLY BEFORE SIGNING:</b> 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.</p>	
Signature of Agent <i>[Signature]</i>	Date <i>3-17-26</i>

Date 3/10/26

Form CTV-101

**Cigarette, Tobacco, and Electronic Vaping Device - Individual Questionnaire**

<b>Part A: Business Information</b>			
1. Legal Business Name (individual name if sole proprietor)			
WALGREEN CO			
2. Business Trade Name or DBA			
WALGREENS #10962			
3. Entity Type (check one)			
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company	<input checked="" type="checkbox"/> Corporation

<b>Part B: Individual Information</b>					
1. Name (Last)		2. Name (First)		3. Name (M.I.)	
McCormick		Tyeshia		M	
4. Relationship to Business (Title)		5. Email		6. Phone	
Store Manager / Agent		mgr.10962@store.walgreens.com		(608) 935-2041	
7. Home Address					
314 E Spring St					
8. City		9. State	10. Zip Code	11. Date of Birth	
Platteville		WI	53553	4-30-91	
12. Drivers License/State ID Number			13. Drivers License/State ID State of Issuance		
M7265-8139-16SD-00			Wisconsin		

<b>Part C: Individual's Address History</b>							
List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.							
Previous Address 1		City		State		Zip Code	
1245? Lutten Pl		Platteville		WI		53818	
Previous Address 2		City		State		Zip Code	
415 W Adams		Platteville		WI		53818	
Previous Address 3		City		State		Zip Code	
1145 Lancaster		Platteville		WI		53818	
Previous Address 4		City		State		Zip Code	
1245 N 4th St Apt 312		Platteville		WI		53818	
Previous Address 5		City		State		Zip Code	
Previous Address 6		City		State		Zip Code	
If applicable, list all states and counties you have lived in as an adult. Attach additional sheets if necessary.							
State	County	State	County	State	County	State	County
WI	Grant	WI	Iowa	IL	Cook		
State	County	State	County	State	County	State	County

Continued →

**Part D: Individual's Criminal History**

1. Have you ever been convicted of any offenses (other than traffic offenses) for violation of any federal, Wisconsin, or another state's laws, or of any county or municipal ordinances?  Yes  No

If yes to question 1, please list details of each conviction below:

Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses currently pending against you (other than traffic offenses) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances?  Yes  No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

**Part E: Attestation by Individual**

**READ CAREFULLY BEFORE SIGNING:** 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 an application for cigarette, electronic vaping devices, and tobacco products retail license may be required to forfeit not more than \$1,000 if convicted. I declare under penalties of the law that I have examined this information and, to the best of my knowledge, it is true, correct, and complete to the best of my knowledge and belief.

Signature  Date 3-17-26

**Part F: Licensing Authority Approval**

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, this individual does not have a criminal record that would disqualify them from having an interest in a cigarette, tobacco product, or electronic vaping device retailer license according to sec. 134.65(1m), Wis. Stats.

Name of Local Official Title

Signature of Local Official Date

Date 3/27/26

Form  
CTV-101

**Cigarette, Tobacco, and Electronic  
Vaping Device - Individual Questionnaire**

<b>Part A: Business Information</b>			
1. Legal Business Name (individual name if sole proprietor) WALGREEN CO			
2. Business Trade Name or DBA Walgreens #10962			
3. Entity Type (check one)			
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company	<input checked="" type="checkbox"/> Corporation

<b>Part B: Individual Information</b>					
1. Name (Last) Motz		2. Name (First) Michael		3. Name (M.I.) J	
4. Relationship to Business (Title) Chief Executive Officer		5. Email taxlicenserenewals@walgreens.com		6. Phone 847-527-2119	
7. Home Address 4194 Saunders Cres					
8. City Burlington		9. State ON	10. Zip Code L7M 0B3		11. Date of Birth 7/8/1964
12. Drivers License/State ID Number M6786-54456-40708			13. Drivers License/State ID State of Issuance ON		

<b>Part C: Individual's Address History</b>					
List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.					
Previous Address 1		City		State	Zip Code
4194 Saunders Cres		Burlington		ON	L7M 0B3
Previous Address 2		City		State	Zip Code
540 Phoebe Cres		Burlington		ON	L7L 6H6
Previous Address 3		City		State	Zip Code
191 Satok Cres		Burlington		ON	L9T 3N9
Previous Address 4		City		State	Zip Code
Previous Address 5		City		State	Zip Code
Previous Address 6		City		State	Zip Code
If applicable, list all states and counties you have lived in as an adult. Attach additional sheets if necessary.					
State	County	State	County	State	County
ON	N/A				
State	County	State	County	State	County

Continued →

**Part D: Individual's Criminal History**

1. Have you ever been convicted of any offenses (other than traffic offenses) for violation of any federal, Wisconsin, or another state's laws, or of any county or municipal ordinances? . . . . .  Yes  No

If yes to question 1, please list details of each conviction below:

Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses currently pending against you (other than traffic offenses) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? . . . . .  Yes  No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

**Part E: Attestation by Individual**

**READ CAREFULLY BEFORE SIGNING:** 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 an application for cigarette, electronic vaping devices, and tobacco products retail license may be required to forfeit not more than \$1,000 if convicted. I declare under penalties of the law that I have examined this information and, to the best of my knowledge, it is true, correct, and complete to the best of my knowledge and belief.

Signature  Date *March 24/26*

**Part F: Licensing Authority Approval**

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, this individual does not have a criminal record that would disqualify them from having an interest in a cigarette, tobacco product, or electronic vaping device retailer license according to sec. 134.65(1m), Wis. Stats.

Name of Local Official \_\_\_\_\_ Title \_\_\_\_\_  
 Signature of Local Official \_\_\_\_\_ Date \_\_\_\_\_

Date 3/23/20

Form  
CTV-101

**Cigarette, Tobacco, and Electronic  
Vaping Device - Individual Questionnaire**

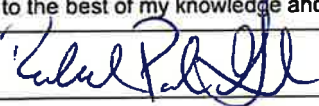
<b>Part A: Business Information</b>			
1. Legal Business Name (individual name if sole proprietor)		WALGREEN CO	
2. Business Trade Name or DBA		Walgreens #10962	
3. Entity Type (check one)			
<input type="checkbox"/> Sole Proprietor		<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company
			<input checked="" type="checkbox"/> Corporation

<b>Part B: Individual Information</b>			
1. Name (Last) Gates		2. Name (First) Richard "Rick"	
			3. Name (M.I.) P
4. Relationship to Business (Title) Senior Vice President, Chief Pharmacy Officer & Director		5. Email taxlicenser renewals@walgreens.com	6. Phone 847-527-2119
7. Home Address 17 N Loomis St, Unit 4C			
8. City Chicago		9. State IL	10. Zip Code 60607
		11. Date of Birth 03/15/1971	
12. Drivers License/State ID Number G320-7557-1077		13. Drivers License/State ID State of Issuance IL	

<b>Part C: Individual's Address History</b>			
List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.			
Previous Address 1 246 Green bay Rd, Apt 402		City Highwood	State IL
			Zip Code 60040
Previous Address 2 3 Durham Ct		City Lake Forest	State IL
			Zip Code 60045
Previous Address 3 11459 E Sweetwater Ave		City Scottsdale	State AZ
			Zip Code 85251
Previous Address 4		City	State
			Zip Code
Previous Address 5		City	State
			Zip Code
Previous Address 6		City	State
			Zip Code
If applicable, list all states and counties you have lived in as an adult. Attach additional sheets if necessary.			
State IL	County Cook	State IL	County Lake
		State AZ	County Maricopa
State	County	State	County

Continued →

<b>Part D: Individual's Criminal History</b>		
1. Have you ever been convicted of any offenses (other than traffic offenses) for violation of any federal, Wisconsin, or another state's laws, or of any county or municipal ordinances? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes to question 1, please list details of each conviction below:		
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are charges for any offenses currently pending against you (other than traffic offenses) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.		

<b>Part E: Attestation by Individual</b>	
<b>READ CAREFULLY BEFORE SIGNING:</b> 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 an application for cigarette, electronic vaping devices, and tobacco products retail license may be required to forfeit not more than \$1,000 if convicted. I declare under penalties of the law that I have examined this information and, to the best of my knowledge, it is true, correct, and complete to the best of my knowledge and belief.	
Signature 	Date 3/23/26

<b>Part F: Licensing Authority Approval</b>	
I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, this individual does not have a criminal record that would disqualify them from having an interest in a cigarette, tobacco product, or electronic vaping device retailer license according to sec. 134.65(1m), Wis. Stats.	
Name of Local Official	Title
Signature of Local Official	Date

Date 3/24/26

Form  
CTV-101

**Cigarette, Tobacco, and Electronic Vaping Device - Individual Questionnaire**

<b>Part A: Business Information</b>			
1. Legal Business Name (individual name if sole proprietor)		WALGREEN CO	
2. Business Trade Name or DBA		Walgreens #10962	
3. Entity Type (check one)			
<input type="checkbox"/> Sole Proprietor		<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company
		<input checked="" type="checkbox"/> Corporation	

<b>Part B: Individual Information</b>			
1. Name (Last) Lim		2. Name (First) Paul	
		3. Name (M.I.) S	
4. Relationship to Business (Title) Secretary		5. Email taxlicenser renewals@walgreens.com	6. Phone 847-527-2119
7. Home Address 1560 Maureen Drive			
8. City Hoffman Estates		9. State IL	10. Zip Code 60192
		11. Date of Birth 07/10/1969	
12. Drivers License/State ID Number L500-6976-9196		13. Drivers License/State ID State of Issuance IL	

<b>Part C: Individual's Address History</b>			
List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.			
Previous Address 1 1560 Maureen Drive		City Hoffman Estates	State IL
			Zip Code 60192
Previous Address 2		City	State
			Zip Code
Previous Address 3		City	State
			Zip Code
Previous Address 4		City	State
			Zip Code
Previous Address 5		City	State
			Zip Code
Previous Address 6		City	State
			Zip Code
If applicable, list all states and counties you have lived in as an adult. Attach additional sheets if necessary.			
State IL	County Cook	State	County
		State	County
State	County	State	County
		State	County

Continued →

**Part D: Individual's Criminal History**

1. Have you ever been convicted of any offenses (other than traffic offenses) for violation of any federal, Wisconsin, or another state's laws, or of any county or municipal ordinances? .....  Yes  No

If yes to question 1, please list details of each conviction below:

Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses currently pending against you (other than traffic offenses) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? .....  Yes  No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

**Part E: Attestation by Individual**

**READ CAREFULLY BEFORE SIGNING:** 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 an application for cigarette, electronic vaping devices, and tobacco products retail license may be required to forfeit not more than \$1,000 if convicted. I declare under penalties of the law that I have examined this information and, to the best of my knowledge, it is true, correct, and complete to the best of my knowledge and belief.

Signature

*[Handwritten Signature]*

Date

3/26/26

**Part F: Licensing Authority Approval**

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, this individual does not have a criminal record that would disqualify them from having an interest in a cigarette, tobacco product, or electronic vaping device retailer license according to sec. 134.65(1m), Wis. Stats.

Name of Local Official

Title

Signature of Local Official

Date

Date 3/24/26

Form  
CTV-101

**Cigarette, Tobacco, and Electronic Vaping Device - Individual Questionnaire**

**Part A: Business Information**

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

2. Business Trade Name or DBA **Walgreens #10962**

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

**Part B: Individual Information**

1. Name (Last) <b>Handal</b>	2. Name (First) <b>Michael</b>	3. Name (M.I.) <b>G</b>
4. Relationship to Business (Title) <b>Licensing &amp; Provider Enrollment Officer</b>	5. Email <b>taxicenser renewals@walgreens.com</b>	6. Phone <b>847-527-2119</b>
7. Home Address <b>6610 Rosehedge Dr</b>		
8. City <b>Long Grove</b>	9. State <b>IL</b>	10. Zip Code <b>60047</b>
12. Drivers License/State ID Number <b>H534-5477-5227</b>		11. Date of Birth <b>08/10/1975</b>
13. Drivers License/State ID State of Issuance <b>IL</b>		

**Part C: Individual's Address History**

List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

Previous Address 1 <b>6610 Rosehedge Dr</b>	City <b>Long Grove</b>	State <b>IL</b>	Zip Code <b>60047</b>
Previous Address 2	City	State	Zip Code
Previous Address 3	City	State	Zip Code
Previous Address 4	City	State	Zip Code
Previous Address 5	City	State	Zip Code
Previous Address 6	City	State	Zip Code

If applicable, list all states and counties you have lived in as an adult. Attach additional sheets if necessary.

State <b>IL</b>	County <b>Lake</b>	State <b>TX</b>	County <b>Austin</b>	State	County	State	County
State	County	State	County	State	County	State	County

Continued →

**Part D: Individual's Criminal History**

1. Have you ever been convicted of any offenses (other than traffic offenses) for violation of any federal, Wisconsin, or another state's laws, or of any county or municipal ordinances? . . . . .  Yes  No

If yes to question 1, please list details of each conviction below:

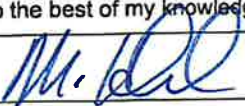
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses currently pending against you (other than traffic offenses) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? . . . . .  Yes  No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

**Part E: Attestation by Individual**

**READ CAREFULLY BEFORE SIGNING:** 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 an application for cigarette, electronic vaping devices, and tobacco products retail license may be required to forfeit not more than \$1,000 if convicted. I declare under penalties of the law that I have examined this information and, to the best of my knowledge, it is true, correct, and complete to the best of my knowledge and belief.

Signature  Date 3/31/24

**Part F: Licensing Authority Approval**

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, this individual does not have a criminal record that would disqualify them from having an interest in a cigarette, tobacco product, or electronic vaping device retailer license according to sec. 134.65(1m), Wis. Stats.

Name of Local Official	Title
Signature of Local Official	Date