

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

FOR CLERKS ONLY	
Municipality	CITY OF DODGEVILLE
License Period	JULY 1, 2026 - JUNE 30, 2027

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietor) NEW HORIZONS SUPPLY COOPERATIVE		
2. Business Trade Name or DBA		
3. FEIN 39-1663129	4. Wisconsin Seller's Permit Number 456-0000086081-02	
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 WI	7. Date of Organization 01/01/1990	8. Wisconsin DFI Registration Number N021775
9. Premises Address (do not use PO Box) 101 COUNTY RD YZ		
10. City DODGEVILLE	11. State WI	12. Zip Code 53533
13. County IOWA	14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: <u>DODGEVILLE</u>	15. Aldermanic District
16. Mailing Address (if different from premises address) 1775 4TH STREET		
17. City FENNIMORE	18. State WI	19. Zip Code 53809
20. Premises Phone (608) 935-3190	21. Premises Email NHDODGEVILLE51@NEWHORIZONSCO	22. Website NEWHORIZONSCO-OP.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. NEW HORIZONS CONVNIENCE STORE		

Part B: Questions

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: _____		
3b. FEIN of Business Entity: _____		

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
JOHNSON	DAWN	AGENT - MANAGER	(608) 935-3190
CULLEN	JASON	CEO	(608) 822-2848
DIRECTORS - ATTACHED			

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

4-28-2026

Name (Last, First, M.I.)

CULLEN, JASON R

Title

CEO

Email

JASONC@NEWHORIZONSCO-OP.COM

Phone

(608) 822-2848

Part E: For Clerk Use Only


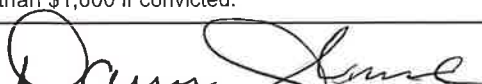
Date application was filed with clerk	Date license issued	Date license expires	License number
License fees	Signature of Clerk/Deputy Clerk		

Agent Type (check one): Original Change

Part A: Agent Information					
1. Last Name JOHNSON		2. First Name DAWN		3. M.I. M	
4. Email NHDODGEVILLE51@NEWHORIZONSCO-OP.COM			5. Phone (608) 935-3190		
6. Home Address E3208 FLOWAGE ROAD					
7. City LONE ROCK			8. State WI	9. Zip Code 53556	
10. Date of Birth 11/15/1972	11. Drivers License/State ID Number J525-1737-2915-10		12. Drivers License/State ID State of Issuance WI		

Part B: Questions	
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.	

Part C: Business Information	
1. Legal Business Name (individual name if sole proprietor) NEW HORIZONS SUPPLY COOPERATIVE	
2. Business Trade Name or DBA	
3. Entity Type (check one) <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation	
4. Premises Address 101 COUNTY RD YZ	
5. City DODGEVILLE	6. State WI
7. Zip Code 53533	

Part D: Attestations	
<p>READ CAREFULLY BEFORE SIGNING: 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) 	Date 4-28-26
Name of Person Signing JASON CULLEN	Title CEO
<p>READ CAREFULLY BEFORE SIGNING: 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 	Date 4-28-26

Cigarette, Tobacco, and Electronic Vaping Device - Individual Questionnaire

Date

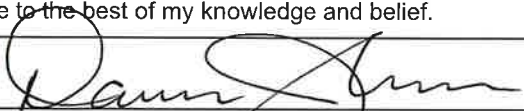
Part A: Business Information			
1. Legal Business Name (individual name if sole proprietor) NEW HORIZONS SUPPLY COOPERATIVE			
2. Business Trade Name or DBA			
3. Entity Type (<i>check one</i>)			
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company	<input checked="" type="checkbox"/> Corporation

Part B: Individual Information					
1. Name (Last) JOHNSON		2. Name (First) DAWN		3. Name (M.I.) M	
4. Relationship to Business (Title) MANAGER		5. Email NHDODGEVILLE51@NEWHORIZONS		6. Phone (608) 935-3190	
7. Home Address E3208 FLOWAGE ROAD					
8. City LONE ROCK		9. State WI	10. Zip Code 53556		11. Date of Birth 11/15/72
12. Drivers License/State ID Number J525-1737-2915-10			13. Drivers License/State ID State of Issuance WI		

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			City		State	Zip Code		
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	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? <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.		

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 4-28-26

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

New Horizons Supply Cooperative Directors

		Year Elected / Re-Elected	
Anthony Roth 45678 Maple Ridge Rd Boscobel, WI 53805	Director Northern District	2024	2027
Matthew Kreul/Carey 11511 Cty Rd K Lancaster WI 53813 608-778-7750	Director At Large	2025	2028
Bart Mitchell 28749 Starlite Lane Boscobel WI 53805	Director Northern District	2026	2029
Peter Winch/Christina 12742 Brown School Rd Fennimore WI 53809 608--778-1150	Vice -President Central District	2025	2028
Bruce Friederick/Sharon 511 Weber Parkway Lancaster WI 53813 608-723-9033	President At Large	2024	2027
Paul Johnson/ 8910 Hwy 78 Gratiot WI 53541 608-922-6228	Secretary Southern District	2025	2028
Jason Sparrgrove 9605 Cty Rd C Woodman WI 53827 608-391-1044	Director Central District	2026	2029
Darin Wills 25490 Holland Rd Belmont WI 53510 608-732-0450	Director Southern District	2026	2029
Dennis Conley 12270 Roger Hollow Rd Fennimore WI 53809 608-822-3098	Director	2024	2027
Jason Cullen/ Whitney 17 Park View Glen Dodgeville WI 53533 608-574-3543	CEO/GM		

Date 1/06/2026

Form
CTV-101

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

Part A: Business Information			
1. Legal Business Name (individual name if sole proprietor) NEW HORIZONS SUPPLY COOPERATIVE			
2. Business Trade Name or DBA			
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

Part B: Individual Information			
1. Name (Last) ROTH	2. Name (First) ANTHONY	3. Name (M.I.) M W	
4. Relationship to Business (Title) DIRECTOR	5. Email	6. Phone (608) 333-4408	
7. Home Address 45678 MAPLE RIDGE RD			
8. City BOSCOBEL	9. State WI	10. Zip Code 53805	11. Date of Birth 12/06/1982
12. Drivers License/State ID Number R300-0198-2446-08		13. Drivers License/State ID State of Issuance WI	

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	City	State	Zip Code
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	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.

(This area is currently blank for describing pending charges.)

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 11/06/1982
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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 qualifies to serve in the reported role with the above-named business.

Name of Local Official	Title
Signature of Local Official	Date

Date 1/6/2026

Form CTV-101

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

Part A: Business Information			
1. Legal Business Name (individual name if sole proprietor) NEW HORIZONS SUPPLY COOPERATIVE			
2. Business Trade Name or DBA			
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

Part B: Individual Information			
1. Name (Last) KREUL	2. Name (First) MATTHEW	3. Name (M.I.) M	
4. Relationship to Business (Title) DIRECTOR	5. Email kreul1979@gmail.com	6. Phone (608) 778-7750	
7. Home Address 11511 COUNTY RD K			
8. City LANCASTER	9. State WI	10. Zip Code 53813	11. Date of Birth 08/13/1979
12. Drivers License/State ID Number K640-5537-9293-00		13. Drivers License/State ID State of Issuance WI K640-5537-9293-00	

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	City	State	Zip Code
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	County	State	County
State	County	State	County

Continued →

Date 1-6-2026

Form
CTV-101

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

Part A: Business Information			
1. Legal Business Name (individual name if sole proprietor) NEW HORIZONS SUPPLY COOPERATIVE			
2. Business Trade Name or DBA			
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

Part B: Individual Information			
1. Name (Last) CONLEY	2. Name (First) DENNIS	3. Name (M.I.)	
4. Relationship to Business (Title) DIRECTOR	5. Email	6. Phone (608) 822-3098	
7. Home Address 12270 ROGER HOLLOW			
8. City FENNIMORE	9. State WI	10. Zip Code 53809	11. Date of Birth 7-9-1956
12. Drivers License/State ID Number C540-1635-6249-00		13. Drivers License/State ID State of Issuance WI	

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	City	State	Zip Code
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	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 1-6-2024

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 qualifies to serve in the reported role with the above-named business.

Name of Local Official _____ Title _____
 Signature of Local Official _____ Date _____

Date

Form
CTV-101

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

Part A: Business Information			
1. Legal Business Name (individual name if sole proprietor) NEW HORIZONS SUPPLY COOPERATIVE			
2. Business Trade Name or DBA			
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

Part B: Individual Information			
1. Name (Last) JOHNSON	2. Name (First) PAUL	3. Name (M.I.) A	
4. Relationship to Business (Title) DIRECTOR - BOARD SECRETARY	5. Email	6. Phone (608) 922-6228	
7. Home Address 8910 STATE ROAD 78			
8. City GRATIOT	9. State WI	10. Zip Code 53541	11. Date of Birth 11/28/1957
12. Drivers License/State ID Number J525-6815-7428-05		13. Drivers License/State ID State of Issuance WI	

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		City		State		Zip Code	
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	County	State	County	State	County	State	County
State	County	State	County	State	County	State	County

Continued →

Date
1-6-2026

Form
CTV-101

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

Part A: Business Information			
1. Legal Business Name (individual name if sole proprietor) NEW HORIZONS SUPPLY COOPERATIVE			
2. Business Trade Name or DBA			
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

Part B: Individual Information			
1. Name (Last) WILLS	2. Name (First) DARIN	3. Name (M.I.) A	
4. Relationship to Business (Title) DIRECTOR	5. Email	6. Phone (608) 732-4272	
7. Home Address 254 50 HOLLAND RD			
8. City BELMONT	9. State WI	10. Zip Code 53510	11. Date of Birth 9-5-1981
12. Drivers License/State ID Number W4201618132507		13. Drivers License/State ID State of Issuance WI	

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 25490 Holland Road	City Belmont	State WI	Zip Code 53510
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	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 <i>Dahi</i>	Date 1-6-2026
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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 qualifies to serve in the reported role with the above-named business.

Name of Local Official	Title
Signature of Local Official	Date

Date

Form
CTV-101

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

Part A: Business Information			
1. Legal Business Name (individual name if sole proprietor) NEW HORIZONS SUPPLY COOPERATIVE			
2. Business Trade Name or DBA			
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

Part B: Individual Information			
1. Name (Last) CULLEN	2. Name (First) JASON	3. Name (M.I.) R	
4. Relationship to Business (Title) CEO	5. Email JASONC@NEWHORIZONSCO-OP.CO	6. Phone (608) 822-2848	
7. Home Address 17 PARK VIEW GLEN			
8. City DODGEVILLE	9. State WI	10. Zip Code 53533	11. Date of Birth 1-28-1975
12. Drivers License/State ID Number C 450 4367 5028-05		13. Drivers License/State ID State of Issuance WI	

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	City	State	Zip Code
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	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 1-6-2025

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 qualifies to serve in the reported role with the above-named business.

Name of Local Official _____ Title _____
 Signature of Local Official _____ Date _____

Date
1-6-26

Form
CTV-101

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

Part A: Business Information			
1. Legal Business Name (individual name if sole proprietor) NEW HORIZONS SUPPLY COOPERATIVE			
2. Business Trade Name or DBA			
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

Part B: Individual Information			
1. Name (Last) FRIEDERICK	2. Name (First) BRUCE	3. Name (M.I.) D	
4. Relationship to Business (Title) DIRECTOR - PRESIDENT	5. Email	6. Phone (608) 723-9033	
7. Home Address 511 WEBER PKWY			
8. City LANCASTER	9. State WI	10. Zip Code 53813	11. Date of Birth
12. Drivers License/State ID Number F636-0646-0110-06		13. Drivers License/State ID State of Issuance WI	

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	City	State	Zip Code
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	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

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Signature <i>Bruce Friederich</i>	Date <i>1-26-26</i>
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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 qualifies to serve in the reported role with the above-named business.

Name of Local Official	Title
Signature of Local Official	Date

Date

Form
CTV-101

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

Part A: Business Information			
1. Legal Business Name (individual name if sole proprietor) NEW HORIZONS SUPPLY COOPERATIVE			
2. Business Trade Name or DBA			
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

Part B: Individual Information			
1. Name (Last) SPARRGROVE	2. Name (First) JASON	3. Name (M.I.) C	
4. Relationship to Business (Title) DIRECTOR	5. Email	6. Phone (608) 391-1044	
7. Home Address 9605 COUNTY RD C			
8. City WOODMAN	9. State WI	10. Zip Code 53827	11. Date of Birth 07/06/1984
12. Drivers License/State ID Number 5162 - 4238 - 4246-02		13. Drivers License/State ID State of Issuance WI	

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	City	State	Zip Code
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	County	State	County
State	County	State	County

Continued →

Part D: Individual's Criminal History

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

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Part E: Attestation by Individual

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Signature  Date 1-8-26

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 qualifies to serve in the reported role with the above-named business.

Name of Local Official _____ Title _____
Signature of Local Official _____ Date _____

Date **1-6-26**

Form
CTV-101

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

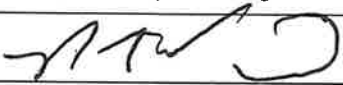
Part A: Business Information			
1. Legal Business Name (individual name if sole proprietor) NEW HORIZONS SUPPLY COOPERATIVE			
2. Business Trade Name or DBA			
3. Entity Type (check one)			
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited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

Part B: Individual Information			
1. Name (Last) WINCH	2. Name (First) PETER	3. Name (M.I.) W	
4. Relationship to Business (Title) DIRECTOR - VICE PRESIDENT	5. Email	6. Phone (608) 822-7806	
7. Home Address 12742 BROWN SCHOOL ROAD			
8. City FENNIMORE	9. State WI	10. Zip Code 53809	11. Date of Birth 08-08-72
12. Drivers License/State ID Number W520-6797-2288-01		13. Drivers License/State ID State of Issuance WI	

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	City	State	Zip Code
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
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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

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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes to question 1, please list details of each conviction below:		
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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
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Signature 	Date 1-6-26

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 qualifies to serve in the reported role with the above-named business.	
Name of Local Official	Title
Signature of Local Official	Date