

Cigarette, Tobacco, and Electronic Vaping Device Retail License Application

FOR CLERKS ONLY
Municipality
License Period

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietor) <i>Hot Spot Tobacco INC</i>		
2. Business Trade Name or DBA		
3. FEIN <i>334047509</i>	4. Wisconsin Seller's Permit Number	
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 <i>Wisconsin</i>	7. Date of Organization <i>03-18-2025</i>	8. Wisconsin DFI Registration Number
9. Premises Address (do not use PO Box) <i>1210 N Bequette St Ste B</i>		
10. City <i>Dodgeville</i>	11. State <i>WI</i>	12. Zip Code <i>53533</i>
13. County	14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: _____	15. Aldermanic District
16. Mailing Address (if different from premises address)		
17. City	18. State	19. Zip Code
20. Premises Phone	21. Premises Email	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. <i>Sales of Tobacco Products</i>		

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
Muhareb	Mohammed	President	872-227-2262

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 05-14-2026	
Name (Last, First, M.I.) Muhareb Mohammed		
Title	Email M_almasri2020@outlook.com	Phone 872-227-2262

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		

Date 05-14-2026

Form CTV-101

Cigarette, Tobacco, and Electronic Vaping Device - Individual Questionnaire

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)
Hot Sport Tobacco INC

2. Business Trade Name or DBA

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

Part B: Individual Information

1. Name (Last) Muhareb	2. Name (First) Mohammed	3. Name (M.I.)
4. Relationship to Business (Title) President	5. Email M-almasri2020@outlook.com	6. Phone 872-227-2262
7. Home Address 1305 7 Morning glory ct		
8. City Homerglen	9. State IL	10. Zip Code 60491
11. Date of Birth 06-23-1995		
12. Drivers License/State ID Number M6105489 5178		13. Drivers License/State ID State of Issuance IL

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 17411 Yakima Dr	City Lockport	State IL	Zip Code 60441
Previous Address 2 13057 Morningglory ct	City Homerglen	State IL	Zip Code 60491
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 will	State	County	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 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? <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	
<p>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.</p>	
Signature 	Date 05-14-2026

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

Agent Type (check one): Original Change

Part A: Agent Information

1. Last Name Muhareb		2. First Name Mohammed		3. M.I.	
4. Email M_almasri2020@outlook.com			5. Phone 872-227-2262		
6. Home Address 1305 F Morning glory ct					
7. City Homewood			8. State IL	9. Zip Code 60491	
10. Date of Birth 06-23-1995		11. Drivers License/State ID Number M61054895178		12. Drivers License/State ID State of Issuance Illinois	

Part B: Questions

1. Have you completed Form CTV-101, *Cigarette, Tobacco, and Electronic Vaping Device - Individual Questionnaire*? Submit a completed Form CTV-101 with this form. Yes 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)
Hot Spot Tobacco INC

2. Business Trade Name or DBA

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

4. Premises Address
1210 N Bequette St

5. City
Dodgeville

6. State
WI

7. Zip Code
53533

Part D: Attestations

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.

Signature of Licensee or Permittee (officer, member, or authorized signatory)
Mohammed Muhareb

Date
05-14-2026

Name of Person Signing
Mohammed Muhareb

Title
President

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.

Signature of Agent

Date



WISCONSIN DEPARTMENT OF REVENUE
PO BOX 8902
MADISON, WI 53708-8902

Contact Information:

2135 RIMROCK RD PO BOX 8902
MADISON, WI 53708-8902
ph: 608-266-2776 fax: 608-327-0235
email: DORBusinessTax@wisconsin.gov
website: revenue.wi.gov

000416

HOT SPOT TOBACCO INC.
1210 N BEQUETTE ST
DODGEVILLE WI 53533-1191

Letter ID L0217007280



Wisconsin Business Tax Registration Certificate

Expiration date: March 31, 2027
Legal/real name: HOT SPOT TOBACCO INC.

- This certificate confirms that you are registered with the Wisconsin Department of Revenue for the tax types shown below.
- This registration certificate is not a seller's permit, and should not be used as proof that you hold a seller's permit.
- You may not transfer this certificate to any other individual or business.

Tax Type	Account Type	Number
Sales & Use Tax	Sales & Use Tax	456-1031983189-02