

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) PIGGLY WIGGLY MIDWEST LLC			
2. Business Trade Name or DBA PIGGLY WIGGLY SUPERMARKET #403			
3. FEIN 45-0575370	4. Wisconsin Seller's Permit Number 456-1026478099-02		
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation			
6. State of Organization WI	7. Date of Organization 10/02/2007	8. Wisconsin DFI Registration Number W077494	
9. Premises Address (do not use PO Box) 316 W SPRING ST			
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: DODGEVILLE		15. Aldermanic District
16. Mailing Address (if different from premises address)			
17. City	18. State	19. Zip Code	
20. Premises Phone (608) 935-2366	21. Premises Email srosenthal@shopthepig.com		22. Website www.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. CIGARETTE AND TOBACCO PRODUCTS ARE STORED BEHIND THE CUSTOMER SERVICE DESK, LOCATED AT THE FRONT OF THE STORE. CIGARETTE AND TOBACCO PRODUCTS ARE ONLY SOLD FROM THE CUSTOMER SERVICE DESK.			

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 checked="" type="checkbox"/> Yes <input 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: <u>C7S ACQUISITION II LLC</u>	
3b. FEIN of Business Entity: <u>87-1873763</u>	

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
BOYD III	WILLIAM M	EVP, CLO&SECRETAR	(802) 881-5809
MCNAMARA	KEVIN F	EVP, CFO&TREASURE	(203) 963-9532
JONES	OLIVIA	AGENT	608-341-6395

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 5.5.26	
Name (Last, First, M.I.) ISKEN, MICHAEL		
Title SR DIRECTOR FIANACE	Email misken@shopthepig.com	Phone (920) 208-4203

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

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) PIGGLY WIGGLY MIDWEST LLC			
2. Business Trade Name or DBA			
3. Entity Type (check one)			
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Corporation

Part B: Individual Information			
1. Name (Last) BOYD III	2. Name (First) WILLIAM	3. Name (M.I.) M	
4. Relationship to Business (Title) EVP, CLO & SECRETARY	5. Email bboyd@cswg.com	6. Phone (802) 881-5809	
7. Home Address 27 ISABELLA ST UNIT 1			
8. City BOSTON	9. State MA	10. Zip Code 02116-5374	11. Date of Birth 12/04/66
12. Drivers License/State ID Number S05082532		13. Drivers License/State ID State of Issuance MA	

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 27 ISABELLA ST UNIT 1	City BOSTON	State MA	Zip Code 02116-5374
Previous Address 2 25 PARK LANE SOUTH APT 1109	City JERSEY CITY	State NJ	Zip Code 07310
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? <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 Signed by: 	Date 03/10/2026

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 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) PIGGLY WIGGLY MIDWEST LLC			
2. Business Trade Name or DBA			
3. Entity Type (check one)			
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Corporation

Part B: Individual Information

1. Name (Last) MCNAMARA		2. Name (First) KEVIN		3. Name (M.I.) F	
4. Relationship to Business (Title) EVP, CFO, & TREASURER		5. Email kmcnamar@cswg.com		6. Phone (203) 963-9532	
7. Home Address 48 SUMMIT RIDGE DRIVE					
8. City KEENE		9. State NH	10. Zip Code 03431-5200	11. Date of Birth 11/16/66	
12. Drivers License/State ID Number NHL19350921			13. Drivers License/State ID State of Issuance NH		

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	City	State	Zip Code
48 SUMMIT RIDGE DRIVE	KEENE	NH	03431-5200
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
MA	SUFFOLK	CT	FAIRFIELD				
CA	SAN FRANCISCO	NH	CHESTER				

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 3/10/26
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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 04/22/26

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) PIGGLY WIGGLY MIDWEST LLC			
2. Business Trade Name or DBA PIGGLY WIGGLY SUPERMARKET #403			
3. Entity Type (check one)			
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Corporation

Part B: Individual Information					
1. Name (Last) Jones		2. Name (First) Olivia		3. Name (M I) J	
4. Relationship to Business (Title) AGENT		5. Email jonesoliviajo@gmail.com		6. Phone (608) 341-6395	
7. Home Address 1060 cty hwy E					
8. City rewey		9. State WI	10. Zip Code 53580		11. Date of Birth 10/18/95
12. Drivers License/State ID Number j5206509587800			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 1060 cty hwy E		City rewey		State WI		Zip Code 53580		
Previous Address 2 308 east church st		City dodgeville		State WI		Zip Code 53533		
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 WI	County iowa		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 04/22/2026

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

Form
CTV-102

Cigarette, Tobacco, and Electronic Vaping Device Appointment of Agent

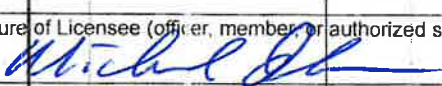
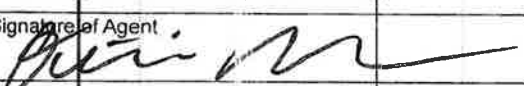
Date
04/22/2026

Agent Type (check one): Original Change

Part A: Agent Information		
1. Last Name JONES	2. First Name OLIVIA	3. M.I.
4. Email jonesoliviajo@gmail.com	5. Phone (608) 341-6395	
6. Home Address 1060 cty hwy E		
7. City rewey	8. State WI	9. Zip Code 53580
10. Date of Birth 10/18/1995	11. Drivers License/State ID Number j5206509587800	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 License - 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) PIGGLY WIGGLY MIDWEST LLC		
2. Business Trade Name or DBA PIGGLY WIGGLY SUPERMARKET #403		
3. Entity Type (check one) <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation		
4. Premises Address 316 W SPRING ST		
5. City DODGEVILLE	6. State WI	7. Zip Code 53533

Part D: Attestations	
READ CAREFULLY BEFORE SIGNING: I, the Licensee, 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 thereon. 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 (officer, member, or authorized signatory) 	Date 04/22/2026
Name of Person Signing for Licensee MICHAEL ISKEN	Title SR DIRECTOR, FINANCE
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 04/22/2026