

Cigarette, Tobacco, and Electronic Vaping
Device Retail License Application

FOR CLERKS ONLY	
Municipality	City of Dodgeville
License Period	25-26

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietor) Laxami Narayan Fuel Inc			
2. Business Trade Name or DBA Dodgeville MarketPlace			
3. FEIN 39-3990853		4. Wisconsin Seller's Permit Number 456-1032164937-04	
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 07/15/2025	
8. Wisconsin DFI Registration Number			
9. Premises Address (do not use PO Box) 420 N IOWA 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) 8817 Wynnfield Dr			
17. City Evansville		18. State IN	19. Zip Code 47725
20. Premises Phone (731) 307-7216		21. Premises Email jk_patel4@yahoo.com	
22. Website			
23. Premises Description - Describe the building or buildings where cigarettes, tobacco products, and electronic vaping devices are to be sold and stored. Describe all rooms including living quarters, if used, for the sales and/or storage of cigarettes, tobacco products, and electronic vaping devices and records. Cigarettes, tobacco products, and electronic vaping devices may be sold and stored ONLY on the premises described in this application. Attach a floor plan if possible. Will be kept behind counter, and back storage rooms			

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
Joshi	Rohitkumar	Agent	(502) 338-6573
Patel	Jasminkumar	President	(731) 307-7216

Part D: Attestation

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

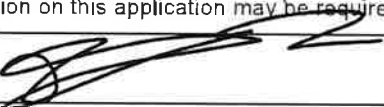
- sole proprietor
- one general partner of a partnership
- one corporate officer
- one managing member of an LLC

READ CAREFULLY BEFORE SIGNING:

I understand and agree to the following:

- I will only purchase cigarettes, tobacco, and vapor products from distributors, jobbers, or subjobbers permitted by the Wisconsin Department of Revenue, unless I also hold the proper distributor's permit and pay all applicable excise taxes.
- I will not purchase or exchange products from another retailer, including transferring existing stock to a new owner.
- I will provide tobacco sales training that has been approved by the Wisconsin Department of Health Services to my employees. (<https://witobaccocheck.org>).
- I will not sell single cigarettes.
- I will not sell, give, or otherwise provide cigarettes, tobacco, or any nicotine products to minors.
- I will keep product invoices on the licensed premises for two years and ensure the records are available for inspection by law enforcement. Failure to comply with this will result in criminal penalties, including loss of inventory.
- I will not sell cigarettes or roll-your-own (RYO) tobacco products unless listed on the Wisconsin Department of Justice's directory of certified tobacco manufacturers and brands.

Further, under penalty provided by law, I state that this application has been truthfully answered to the best of my knowledge. I agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another. Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to 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	09/18/2025
Name (Last, First, M.I.) Patel, Jasminkumar R			
Title	Email	Phone	
President	jk_patel4@yahoo.com	(731) 307-7216	

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		

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

Date

Part A: Business Information			
1. Legal Business Name (individual name if sole proprietor) Laxami Narayan Fuel Inc			
2. Business Trade Name or DBA Dodgeville Market Place			
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) Joshi		2. Name (First) Rohitkumar		3. Name (M.I.) V	
4. Relationship to Business (Title) Agent		5. Email rajjoshi1966@gmail.com		6. Phone (502) 338-6573	
7. Home Address N5781 Kinney Rd					
8. City Portage		9. State WI	10. Zip Code 53901	11. Date of Birth 09/18/66	
12. Drivers License/State ID Number J200-7386-6353-05			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 8224 OH - 108		City Wauseon		State OH	Zip Code 43567		
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 WI	County Jefferson	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? ☐ 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 09/18/2025
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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 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

Form
CTV-101

Cigarette, Tobacco, and Electronic Vaping Device - Individual Questionnaire

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor) Laxami Narayan Fuel InC			
2. Business Trade Name or DBA Dodgeville Market place			
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) Patel		2. Name (First) Jasminkumar		3. Name (M.I.) R	
4. Relationship to Business (Title) President		5. Email jk_patel4@yahoo.com		6. Phone (731) 307-7216	
7. Home Address 8817 Wynnfiel Dr					
8. City Evansville		9. State IN	10. Zip Code 47725	11. Date of Birth 05/09/77	
12. Drivers License/State ID Number 7720-32-8689			13. Drivers License/State ID State of Issuance IN		

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 8817 Wynnfield Dr	City Evansville	State IN	Zip Code 47725
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 KY	County Bourbon	State TN	County Henderson	State TN	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 09/18/2025
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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 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	

Cigarette, Tobacco, and Electronic Vaping Device
Appointment of Agent

Date

Agent Type (check one) ☒ Original ☐ Change

Part A: Agent Information

1 Last Name Joshi	2 First Name Rohitkumar	3 M.I. V
4 Email Rajjoshi1966@gmail.com	5 Phone	
6 Home Address N5781 Kinney RD		
7 City Portage	8 State WI	9 Zip Code 53901
10 Date of Birth 09/18/1966	11 Drivers License/State ID Number J200-7386-6338-05	12 Drivers License/State ID State of Issuance WI

Part B: Questions

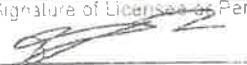
- 1 Have you completed Form CTV-101, *Cigarette, Tobacco, and Electronic Vaping Device - Individual Questionnaire*? Submit a completed Form CTV-101 with this form. ☒ Yes ☐ No
- 2 If this is a change of agent, please describe the reason for the agent change. Attach additional sheets if necessary.
Original agent:

Part C: Business Information

1 Legal Business Name (individual name if sole proprietor) Laxami Narayan Fuel Inc		
2 Business Trade Name or DBA Dodgeville MarketPlace		
3 Entity Type (check one) <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation		
4 Premises Address 420 Iowa 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) 	Date 09/18/2025
Name of Person Signing Jasmin Kumar R. Patel	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 09/18/2025
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