

# 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) <b>LAXAMI NARAYAN FULL INC</b>		
2. Business Trade Name or DBA <b>DODDGEVILLE MARKETPLACE</b>		
3. FEIN <b>39-3990853</b>	4. Wisconsin Seller's Permit Number <b>456-1032164937-04</b>	
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 <b>WI</b>	7. Date of Organization <b>07/15/2025</b>	8. Wisconsin DFI Registration Number
9. Premises Address (do not use PO Box) <b>420 N IOWA ST</b>		
10. City <b>DODDGEVILLE</b>	11. State <b>WI</b>	12. Zip Code <b>53533</b>
13. County <b>IOWA</b>	14. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: <b>ROBINSON</b>	15. Aldermanic District
16. Mailing Address (if different from premises address) <b>8817 WYNNFIELD DR</b>		
17. City <del>SAA</del> <b>EVANSVILLE</b>	18. State <b>IN</b>	19. Zip Code <b>47725</b>
20. Premises Phone <b>7313077210</b>	21. Premises Email <b>JK_PATELL@YAHOO.COM</b>	
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.  <b>WILL BE KEPT BEHIND COUNTER AND BACK STORAGE ROOM</b>		

## 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
PATEL	JASMIN KUMAR	PRESIDENT	731 307 7216
PATEL	GHANSHYAMBHAI	AGENT	731 589 2088

**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 5/22/2026	
Name (Last, First, M.I.) PATEL JASMIN KUMAR R		
Title PRESIDENT	Email JK_PATEL4@YAHOO.COM	Phone 7313077216

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-101Cigarette, 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 MARKETPLACE

3. Entity Type (check one)

 Sole Proprietor Partnership Limited Liability Company Corporation

## Part B: Individual Information

1. Name (Last)

PATEL

2. Name (First)

JASMIN KUMAR

3. Name (M.I.)

R

4. Relationship to Business (Title)

PRESIDENT

5. Email

JK\_PATEL4@YAHOO.COM

6. Phone

7313077210

7. Home Address

8817 WYNNFIELD DR

8. City

EVANSVILLE

9. State

IN

10. Zip Code

47725

11. Date of Birth

05/09/1977

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	City	State	Zip Code
8817 WYNNFIELD DR	EVANSVILLE	IN	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	County	State	County	State	County	State	County
IN	VANDERBURGH	KY	BOURBON	TN	HENDERSON		
State	County	State	County	State	County	State	County

Continued →







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  
DODUCVILLE MARKETPLACE

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

**Part B: Individual Information**

1. Name (Last) PATEL    2. Name (First) CHANSHYAMBHAI    3. Name (M.I.) N

4. Relationship to Business (Title) AGENT    5. Email    6. Phone 731 589 2088

7. Home Address 306 S WILSON ST, UNIT 7

8. City COBB    9. State WI    10. Zip Code 53526    11. Date of Birth 06/01/1976

12. Drivers License/State ID Number ~~WI P340-2807-6201-09~~    13. Drivers License/State ID State of Issuance ~~WI~~ WI

WI P340-2807-6201-09

**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
295 GLEN ST, APT 2A	UTRAYSLAKE	IL	60030
793 MAIN ST	LYNNFIELD	MA	01940
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
IL	CENTRAL LAKE	MA	ESSEX				
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
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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



Agent Type (check one):  Original  Change

<b>Part A: Agent Information</b>		
1. Last Name PATEL	2. First Name GIRAN SHYAMBHAI	3. M.I. N
4. Email	5. Phone	
6. Home Address 306 S WILSON ST, UNIT 7		
7. City COBB	8. State WI	9. Zip Code 53526
10. Date of Birth 06/01/1975	11. Drivers License/State ID Number	12. Drivers License/State ID State of Issuance

**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)  
LAXMI NARAYAN FUEL INC

2. Business Trade Name or DBA  
DODGEVILLE MARKET PLACE

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

4. Premises Address  
420 N 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  
5/22/2026

Name of Person Signing  
JASMINKUMAR 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



2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol beverages.  Yes  No  
 If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or wholesaler?  Yes  No  
 If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion.  Yes  No  
 5. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine?  Yes  No  
 6. Does the applicant business owe past due municipal property taxes, assessments, or other fees?  Yes  No

**Part C: Individual Information**

Check each box to attest that you have provided the appropriate supplementary information to complete your application. See the instructions for Part C of this application, beginning on page 2, to complete this section.

I have accurately listed and provided contact and personal information for all required persons involved in the applicant business and any business identified in Part A, Question 6 using Form AB-200AA.

I have provided an accurate Form AB-100 for each person listed in Form AB-200AA.

(For corporations, limited liability companies, and nonprofit organizations only) I have provided an accurate Form AB-101 to appoint an agent on behalf of my business.

I understand that my application is not complete until this supplementary paperwork is received by the municipal clerk where I am applying for an alcohol beverage license.

**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 member of an LLC

**READ CAREFULLY BEFORE SIGNING:** Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that 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. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further 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.

Last Name <b>PATEL</b>		First Name <b>JASMIN KUMAR</b>		M.I. <b>R</b>
Title <b>PROPRIETOR</b>	Email <b>JK_PATEL@YAHOO.COM</b>	Phone <b>731 3077210</b>		
Signature 			Date	

**Part E: For Clerk Use Only**

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk			Date Provisional License Issued (if applicable)

