

# Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

MUNICIPAL USE ONLY

License Number
Period Covered
Date of Issuance

Applicant's Wisconsin 15-digit Sales Tax Account Number  
456-0000829421-02

← This must be issued in the same Legal Name of the licensee below.

Legal Name (corporation, limited liability company, partnership or sole proprietorship) THE SICKLER GROUP LLC			Federal Employer Identification No. (FEIN) 35-2198726	
Trade or Business Name (if different than Legal Name) VILLAGE CROSSING			Telephone Number (715) 298 9845	
Business Address (License Location) 2323 COUNTY ROAD X		Business Located In <input type="checkbox"/> City <input checked="" type="checkbox"/> Village <input type="checkbox"/> Town		Business Telephone ( )
Municipality KRONENWETTER	State WI	Zip Code 54455	County MARATHON	
Mailing Address (if different than Business Address) PO BOX 338			Municipality MOSINEE	State WI
			Zip Code 54455	

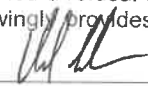
Organization (check one)

- ☐ Sole Proprietor ☐ Wisconsin Corporation – Enter date incorporated: \_\_\_\_\_
- ☐ Partnership ☐ Out-of-State Corporation – Are you registered to do business in Wisconsin? ☐ Yes ☐ No
- ☒ Other (describe) LIMITED LIABILITY COMPANY

- ☒ Yes ☐ No 1. Does the applicant understand that they must purchase cigarettes and tobacco products only from distributors, jobbers, or subjobbers, who hold a permit with the Wisconsin Department of Revenue?
- ☒ Yes ☐ No 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-266-6701. See application form CTP-129, [revenue.wi.gov/dorforms/ctp-129.pdf](http://revenue.wi.gov/dorforms/ctp-129.pdf).)
- ☒ Yes ☐ No 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
- ☒ Yes ☐ No 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (<https://witobaccocheck.org>)
- ☒ Yes ☐ No 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?
- ☒ Yes ☐ No 6. Does the applicant understand that they may not sell single cigarettes?
- ☒ Yes ☐ No 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
- ☒ Yes ☐ No 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at [www.doj.state.wi.us/dls/tobacco-directory](http://www.doj.state.wi.us/dls/tobacco-directory) may be sold in Wisconsin?

Cigarettes / Tobacco will be sold ☒ over counter ☐ through vending machine ☐ both

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees 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 permit 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.

  
(Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)

## Applicable Laws and Rules

This document provides statements or interpretations of the following laws and regulations in effect as of September 19, 2019: Sections 134.65, 134.66, 139.321, 139.79, 139.76, 995.10, and 995.12, Wis. Stats.

# Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

Remit to:  
KRONENWETTER VILLAGE OF  
1582 KRONENWETTER DR  
KRONENWETTER, WI, 54455

## MUNICIPAL USE ONLY

License Number

Period Covered  
July 1 2023-June 30 2024

Date of Issuance

Applicant's Wisconsin 15-digit Sales Tax Account Number

456-0000208845-05

← This must be issued in the same  
Legal Name of the licensee below.

Legal Name (corporation, limited liability company, partnership or sole proprietorship)			Federal Employer Identification No. (FEIN)		
DOLGENCORP, LLC			61-0852763		
Trade or Business Name (if different than Legal Name)			Telephone Number		
DOLLAR GENERAL STORE #22543			(615) 855-4000		
Business Address (License Location)			Business Telephone		
1831 County Rd Xx			7153520910		
Municipality	State	Zip Code	County		
Kronenwetter	WI	54455	Marathon		
Mailing Address (if different than Business Address)			Municipality		
100 MISSION RIDGE			GOODLETTSVILLE		
			State	Zip Code	
			TN	37072	

Organization (check one)

☐ Sole Proprietor

☐ Wisconsin Corporation – Enter date incorporated: \_\_\_\_\_

☐ Partnership

☐ Out-of-State Corporation – Are you registered to do business in Wisconsin? ☒ Yes ☐ No

FEE: \$ 100

☒ Other (describe) OUT-OF STATE LIMITED LIABILITY COMPANY

- ☒ Yes ☐ No 1. Does the applicant understand that they must purchase cigarettes only from distributors or jobbers who hold a permit with the Wisconsin Department of Revenue?
- ☒ Yes ☐ No 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-266-6701. See application form CTP- 129, [revenue.wi.gov/forms/excise/ctp-129.pdf](https://revenue.wi.gov/forms/excise/ctp-129.pdf).)
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APR 19 2023

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MUNICIPAL USE ONLY

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Date of Issuance

Applicant's Wisconsin 15-digit Sales Tax Account Number

456-1029073648-02

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Legal Name (corporation, limited liability company, partnership or sole proprietorship) SI Bar + Grill LLC			Federal Employer Identification No. (FEIN) 81-1588914		
Trade or Business Name (if different than Legal Name) SAME			Telephone Number (715) 297-7150		
Business Address (License Location) 1718 BUS HWY 51			Business Located In <input type="checkbox"/> City <input checked="" type="checkbox"/> Village <input type="checkbox"/> Town		
Municipality KRONENWETTER	State WI	Zip Code 54455	Business Telephone (715) 693-6123		
Mailing Address (if different than Business Address) 912 STONEBRIDGE RD			County MARATHON		
Municipality KRONENWETTER			State WI	Zip Code 54455	

Organization (check one)

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- ☒ Other (describe) LLC

- ☒ Yes ☐ No 1. Does the applicant understand that they must purchase cigarettes and tobacco products only from distributors, jobbers, or subjobbers, who hold a permit with the Wisconsin Department of Revenue?
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*[Signature]*  
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MAY 22 2023