

Form
CTV-100

**Cigarette, Tobacco, and Electronic Vaping
Device Retail License Application**

FOR CLERKS ONLY	
Municipality	VOK
License Period	7/1/25 - 6/30/26

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietor)
APG NWI LLC

2. Business Trade Name or DBA
VILLAGE CROSSING

3. FEIN
93-2356924

4. Wisconsin Seller's Permit Number
456-1031481943-02

5. Entity Type (check one)

☐ Sole Proprietor

☐ Partnership

☒ Limited Liability Company

☐ Corporation

6. State of Organization
WI

7. Date of Organization
07/13/2023

8. Wisconsin DFI Registration Number
A108084

9. Premises Address (do not use PO Box)

2323 COUNTY RD X

10. City
KRONENWETTER

11. State
WI

12. Zip Code
54455

13. County
MARATHON

14. Governing Municipality: ☒ City ☐ Town ☐ Village
of: KRONENWETTER

15. Aldermanic District

16. Mailing Address (if different from premises address)
P.O BOX 13

17. City
WOODRUFF

18. State
WI

19. Zip Code
54568

20. Premises Phone
715-298-9845

21. Premises Email
APGNWI@GMAIL.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.

SALES IN CONVENIENCE STORE AT 2323 COUNTY RD X AND STORAGE IN CAR WASH EQUIPMENT ROOM AT SAME ADDRESS

Part B: Questions

1. What products will be sold at this business location? (check all that apply)

☒ Cigarettes

☒ Tobacco Products

☒ Electronic Vaping Devices

2. How will cigarettes, tobacco, and/or electronic vaping devices be sold? (check all that apply)

☒ Over the counter

☐ Vending machine

3. Is the applicant business owned by another business entity? ☐ Yes ☒ No

If yes, provide the name and FEIN of the parent company below, identify parent company members in Part C, and attach Form CTV-101 for all of the parent company's members, partners, or officers.

3a. Name of Parent Company: _____

3b. FEIN of Parent Company: _____

Part C: Individual Information

An Individual Questionnaire, Form CTV-101, must be completed and attached to this application for each person involved in the applicant business and any parent company indicated in Part B. Such persons include: sole proprietor, all officers and agents of a corporation, all partners of a partnership, and all members and agents of a limited liability company.

List the full name, title, and phone number for each person below. Attach additional sheets if necessary.

Last Name	First Name	Title	Phone
PANDIT	RAD	MEMBER	563-676-0993
CHAUDHARY	ATHER	MEMBER	301-980-2576
POUDEL	AAYUSHA	AGENT	781-427-6135

Part D: Attestation

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

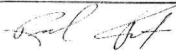
- sole proprietor • one general partner of a partnership • one corporate officer • one managing member of an LLC

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 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.

Signature		Date	04/09/2025
Name (Last, First, M.I.) PANDIT, RAD			
Title	MEMBER	Email	RADPANDIT@GMAIL.COM
		Phone	563-676-0993

Part E: For Clerk Use Only

Date application was filed with clerk 5/11/2025	Date license issued	Date license expires	License number
License fees	Signature of Clerk/Deputy Clerk		

6-30-26

KRONENWETTER VILLAGE OF

1582 KRONENWETTER DR, 0

KRONENWETTER, WI 54455

22543

Form

CTV-100

**Cigarette, Tobacco, and Electronic Vaping
Device Retail License Application****FOR CLERKS ONLY**

Municipality

License Period

7/1/25-6/30/26

Part A: Premises/Business Information

Permit FEE: 100

1. Legal Business Name (individual name if sole proprietor)

Dolgencorp, LLC

BGC FEE: N/A

2. Business Trade Name or DBA

Dollar General Store # 22543

Ad FEE: N/A

3. FEIN

61-0852764

4. Wisconsin Seller's Permit Number

456-0000208845-05

5. Entity Type (check one)

☐ Sole Proprietor☐ Partnership☒ Limited Liability Company☐ Corporation

6. State of Organization

KY

7. Date of Organization

09/09/2000

8. Wisconsin DFI Registration Number

9. Premises Address (do not use PO Box)

1831 COUNTY RD XX

10. City

KRONENWETTER

11. State

WI

12. Zip Code

54455

13. County

MARATHON

14. Governing Municipality: ☐ City ☐ Town ☐ Village

of: KRONENWETTER VILLAGE OF

15. Aldermanic District

16. Mailing Address (if different from premises address)

Attn: Tax Licensing, 100 Mission Ridge

17. City

Goodlettsville

18. State

TN

19. Zip Code

37072

20. Premises Phone

(615) 855-4000

21. Premises Email

TAX-BEERANDWINELICENSE@DOLLARGENERAL.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

Sq footage 8300

consisting of sales floor and stock room

Vendor #373435

Invoice #202622543TOBCITY58

Batch #29951

\$100.00

Part B: Questions

1. What products will be sold at this business location? (check all that apply)

☒ Cigarettes☒ Tobacco Products☐ Electronic Vaping Devices

2. How will cigarettes, tobacco, and/or electronic vaping devices be sold? (check all that apply)

☒ Over the counter☐ Vending machine3. Is the applicant business owned by another business entity? ☐ Yes ☐ 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: Dollar General Corporation

3b. FEIN of Business Entity: 61-0502302

SEPERATE CHECK
PLEASE RETURN CHECK TO:
ABBY BATEY

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
Brining	Zachary	SVP-Store Ops	(615) 855-4000
Taylor	Emily	EVP-Merch (CMO)	(615) 855-4000
Allen	Jessica	District Manager	(615) 855-4000

Part D: Attestation

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

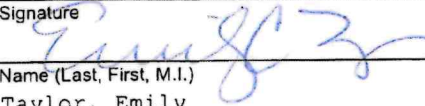
- sole proprietor • one general partner of a partnership • one corporate officer • one managing member of an LLC

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.

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Signature 	Date 4-10-25	
Name (Last, First, M.I.) Taylor, Emily		
Title EVP-Merch (CMO)	Email TAX-BEERANDWINELICENSE@DOLLARGENERAL.COM	Phone (615) 855-4000

Part E: For Clerk Use Only

Date application was filed with clerk 5/2/2025	Date license issued	Date license expires	License number
License fees	Signature of Clerk/Deputy Clerk		