

Cigarette, Tobacco, and Electronic Vaping  
Device Retail License Application

FOR CLERKS ONLY

Municipality  
City of Richland Center  
License Period  
July 1, 2025-June 30, 2026

## Part A: Premises/Business Information

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

Dairyland Daze LLC

2. Business Trade Name or DBA

Dairyland Daze Dispensary

3. FEIN

39-2888730

4. Wisconsin Seller's Permit Number

456-1032131970-04

5. Entity Type (check one)

☐ Sole Proprietor☐ Partnership☒ Limited Liability Company☐ Corporation

6. State of Organization

Wisconsin

7. Date of Organization

06-25-2025

8. Wisconsin DFI Registration Number

D082951

9. Premises Address (do not use PO Box)

130 W Court Str.

10. City

Richland Center

11. State

WI

12. Zip Code

53581

13. County

Richland

14. Governing Municipality: ☒ City ☐ Town ☐ Village

of: Richland Center

15. Aldermanic District

16. Mailing Address (if different from premises address)

[REDACTED]

17. City

[REDACTED]

18. State

WI

19. Zip Code

[REDACTED]

20. Premises Phone

[REDACTED]

21. Premises Email

Dairylanddaze@gmail.com

22. Website

N/A

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.

There are 2 rooms in our rental property. One will be the store front and one will be a storage and office space.

## 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: \_\_\_\_\_

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
Smith	Rachel	owner	[REDACTED]

**Part D: Attestation**

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

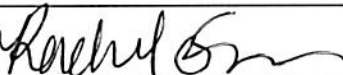
- sole proprietor      • one general partner of a partnership      • one corporate officer      • one managing member of an LLC

**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 6-25-25
Name (Last, First, M.I.) Smith, Rachel, B	
Title Owner	Email Dairylanddaze@gmail.com
Phone [REDACTED]	

**Part E: For Clerk Use Only**

Date application was filed with clerk 06/28/2025	Date license issued	Date license expires 6/30/2026	License number
License fees \$5	Signature of Clerk/Deputy Clerk 