

MEMORANDUM

TO: City Clerk Heather Boehm
FROM: Dan Meyer, Chief of Police
SUBJECT: Disapproval of Cigarette, Tobacco, and Electronic Vaping Device Retail License Application for **Jerry C McCoy**
DATE: June 13, 2025

On June 11, 2025, Jerry C McCoy, 30 S Main St., Janesville, WI, applied for a cigarette, tobacco, and electronic vaping device retail license with the City of Whitewater. At that time the usual background investigation was conducted.

Effective June 13, 2025, the following information is being supplied on an official basis concerning the cigarette, tobacco, and electronic vaping device retail license application of Jerry C McCoy. Pertinent records of the local and state agencies have been searched as of this date with the following results: (Only that information which would bear upon this application is recorded. Traffic violations are excluded.)

DANE COUNTY SHERIFF

07/19/2001: BAIL JUMPING – MISDEMEANOR - CONVICTED

MADISON POLICE DEPARTMENT

06/28/1999: DISORDERLY CONDUCT – MISDEMEANOR – CONVICTED

05/27/2001: DISORDERLY CONDUCT – MISDEMEANOR - CONVICTED

WAUWATOSA POLICE DEPARTMENT

09/12/2000: DISORDERLY CONDUCT – NON-CRIMINAL - CONVICTED

Jerry C McCoy failed to list all of his convictions for offenses he had been charged with on his application.

According to sec. 134.65(1m)(a), Wis. Stats., a city may not issue a license under sub. (1d) unless the applicant meets all of the following requirements:

1. Subject to ss. 111.321, 111.322, and 111.335, the applicant has not habitually been a law offender or been convicted of a felony unless pardoned.

Based on the above information, I recommend that this applicant be denied his cigarette, tobacco, and electronic vaping device retail license application.

DM/jh



www.whitewater-wi.gov
Telephone: 262-473-0102

Office of the City Clerk
312 W. Whitewater St.
Whitewater, WI 53190

**TRANSMITTED VIA
CERTIFIED AND REGULAR MAIL**

June 23, 2025

Jerry McCoy
30 South Main Street
Janesville, WI 53545

Dear Mr. McCoy,

Your application for a Cigarette, Tobacco, and Electronic Vaping Device Retail License has been recommended for denial by Chief of Police Meyer. A copy of his report is enclosed.

If you wish to contest this denial, please submit a written request for appeal to the City Clerk's Office by email to hboehm@whitewater-wi.gov or by mail to P.O. Box 178, Whitewater, Wisconsin 53190. Arrangements will be made for you to appear before the Common Council to present your appeal.

I have sent a request to our Finance Department to refund a portion of the fee you paid. The City will retain \$7.00 to cover the cost of the investigation fee. A check in the amount of \$93.00 will be processed and sent to you via mail to the address above.

Sincerely,

Heather Boehm
City Clerk

Enclosure

Cc: Comptroller

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) <u>Hemp1848, inc</u>			
2. Business Trade Name or DBA			
3. FEIN <u>87 2584797</u>		4. Wisconsin Seller's Permit Number	
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 <u>Wisconsin</u>		7. Date of Organization <u>04-01-2019</u>	
8. Wisconsin DFI Registration Number			
9. Premises Address (do not use PO Box) <u>174 W. Main St.</u>			
10. City <u>Whitewater</u>		11. State <u>WI</u>	12. Zip Code <u>53190</u>
13. County <u>Walworth</u>	14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: <u>White water</u>		15. Aldermanic District
16. Mailing Address (if different from premises address) <u>30 South Main St</u>			
17. City <u>Janesville</u>		18. State <u>WI</u>	19. Zip Code <u>53545</u>
20. Premises Phone <u>608-361-8735</u>		21. Premises Email <u>mcc777@gmail.com</u>	
22. Website <u>Hemp1848.com</u>			
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. <u>They will be kept in a locked display cabinet.</u>			

Part B: Questions

1. What products will be sold at this business location? (check all that apply)	
<input type="checkbox"/> Cigarettes	<input 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

Part D: Attestation

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

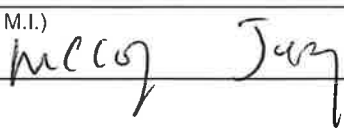
- sole proprietor • one general partner of a partnership • one corporate officer • one managing member of an LLC

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	
	06-10-2025	
Name (Last, First, M.I.)		
McCoy Jay		
Title	Email	Phone
Owner	mc coyj770@gmail.com	608-361-8735

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)

Hemp 1848 inc

2. Business Trade Name or DBA

3. Entity Type (check one)

☐

Sole Proprietor

☐

Partnership

☐

Limited Liability Company

☒

Corporation

Part B: Individual Information

1. Name (Last)

McCoy

2. Name (First)

Jen

3. Name (M.I.)

4. Relationship to Business (Title)

Owner

5. Email

mccoyj770@gmail.com

6. Phone

603618735

7. Home Address

30 South main St

8. City

Jamesville

9. State

WI

10. Zip Code

53190

11. Date of Birth

06/21/68

12. Drivers License/State ID Number

M 200 4236821205

13. Drivers License/State ID State of Issuance

WISCONSIN

Part C: Individual's Address History

List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

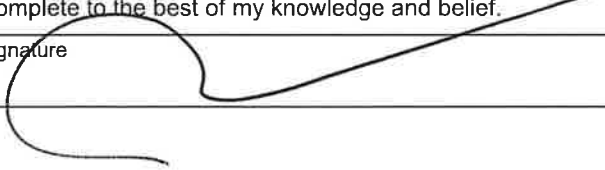
Previous Address 1	City	State	Zip Code
Previous Address 2	City	State	Zip Code
Previous Address 3	City	State	Zip Code
Previous Address 4	City	State	Zip Code
Previous Address 5	City	State	Zip Code
Previous Address 6	City	State	Zip Code

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
WI	milwaukee	WI	Rock				
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?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If yes to question 1, please list details of each conviction below:			
Law/Ordinance Violated <i>Conspiracy</i>	Location <i>Madison</i>	Trial Date <i>OCT 2004</i>	
Penalty Imposed <i>328 months</i>	Was sentence completed? <input checked="" 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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 <i>06-18-2025</i>

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



WISCONSIN DEPARTMENT OF REVENUE
PO BOX 8902
MADISON, WI 53708-8902

Contact Information:

2135 RIMROCK RD PO BOX 8902
MADISON, WI 53708-8902
ph: 608-266-2776 fax: 608-224-5761
email: DORBusinessTax@wisconsin.gov
website: revenue.wi.gov

000011

Letter ID L0185559088

JERRY MCCOY
HEMP1848 INC.
30 S MAIN ST
JANESVILLE WI 53545-3923

Wisconsin Department of Revenue Seller's Permit

Legal/real name: HEMP1848 INC.

Business name:
174 W MAIN ST
WHITEWATER WI 53190-2084

- This certificate confirms you are registered with the Wisconsin Department of Revenue and authorized in the business of selling tangible personal property and taxable services.
- You may not transfer this permit.
- This permit must be displayed at the place of business and is not valid at any other location.
- If your business is not operated from a fixed location, you must carry or display this permit at all events.

Tax Type	Account Type	Account Number
Sales & Use Tax	Seller's Permit	456-1030803541-04

