

CIG-2431

Form CTV-100

Cigarette, Tobacco, and Electronic Vaping Device Retail License Application

FOR CLERKS ONLY	
Municipality	CITY OF MANITOWOC
License Period	07/07/24 - 06/30/25

PAYED

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietor) paul bellin		
2. Business Trade Name or DBA 920 CBD LLC		
3. FEIN 83-3001935	4. Wisconsin Seller's Permit Number 456-1023936648-04 ✓	
5. Entity Type (check one) <input checked="" type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation		
6. State of Organization wi	7. Date of Organization 07/07/2020	8. Wisconsin DFI Registration Number N052977
9. Premises Address (do not use PO Box) 2033 s 30th st		
10. City manitowoc	11. State wi	12. Zip Code 54220
13. County wi	14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: manitowoc	15. Aldermanic District
16. Mailing Address (if different from premises address)		
17. City	18. State	19. Zip Code
20. Premises Phone	21. Premises Email	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. We have a locked entrance with a waiting area, We check ID's, No sales to any one under the age of 21, we will keep vapes and batteries on shevels.		

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 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
bellin	paul	owner	(920) 901-3062

Part D: Attestation

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

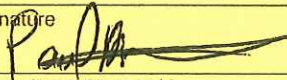
- sole proprietor • one general partner of a partnership • one corporate officer • one managing member of an LLC

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.

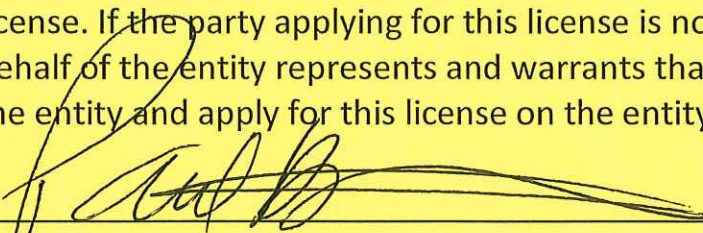
Signature 		Date 6-3-24
Name (Last, First, M.I.) bellin Paul R		
Title owner	Email paul@920cbd.com	Phone (920) 901-3062

Part E: For Clerk Use Only

Date application was filed with clerk 06/03/24	Date license issued	Date license expires 06/30/25	License number C16-2437
License fees \$100	Signature of Clerk/Deputy Clerk		

AUTHORITY.

The undersigned hereby represents and warrants that it has the authority to apply for this license. If the party applying for this license is not an individual, the person(s) signing on behalf of the entity represents and warrants that they have been duly authorized to bind the entity and apply for this license on the entity's behalf.



Signature

06-24-2024
Date

**Cigarette, Tobacco, and Electronic
Vaping Device License - Individual Questionnaire**

Date 6/3/24

Part A: Business Information			
1. Legal Business Name (Individual name if sole proprietor) paul bellin			
2. Business Trade Name or DBA 920 CBD LLC			
3. Entity Type (check one)			
<input checked="" type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Corporation

Part B: Individual Information			
1. Name (Last) bellin	2. Name (First) paul	3. Name (M.I.) r	
4. Relationship to Business (Title) owner	5. Email paul@920cbd.com	6. Phone (920) 901-3062	
7. Home Address 4036 s 10th st			
8. City manitowoc	9. State wi	10. Zip Code 54220	11. Date of Birth 09/21/85
12. Drivers License/State ID Number b4506968532208		13. Drivers License/State ID State of Issuance wi	

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
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 poss of thc	Location manitowoc	Trial Date 09/23/2008
Penalty Imposed no contest		Was sentence completed?..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated poss of thc	Location manitowoc	Trial Date 12/31/2016
Penalty Imposed no contest		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

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 05/28/2024
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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 qualifies to serve in the reported role with the above-named business.

Name of Local Official	Title
Signature of Local Official	Date

Cigarette, Tobacco, and Electronic Vaping Device Appointment of Agent

Date
05/31/2024

Agent Type (check one): Original Change

Part A: Agent Information			
1. Last Name bellin	2. First Name paul	3. M.I. r	
4. Email paul@920cbd.com		5. Phone (920) 901-3062	
6. Home Address 4036 s 10th st			
7. City manitowoc		8. State wi	9. Zip Code 54220
10. Date of Birth 09/21/2085	11. Drivers License/State ID Number b45069685322-08	12. Drivers License/State ID State of Issuance wi	

Part B: Questions
<p>1. Have you completed Form CTV-101, <i>Cigarette, Tobacco, and Electronic Vaping Device License - Individual Questionnaire</i>? Submit a completed Form CTV-101 with this form. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. If this is a change of agent, please describe the reason for the agent change. Attach additional sheets if necessary.</p>

Part C: Business Information		
1. Legal Business Name (individual name if sole proprietor) paul bellin		
2. Business Trade Name or DBA 920 CBD LLC		
3. Entity Type (check one) <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation		
4. Premises Address 2033 s 30th st		
5. City manitowoc	6. State wi	7. Zip Code 54220

Part D: Attestations	
<p>READ CAREFULLY BEFORE SIGNING: I, the Licensee, 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.</p>	
Signature of Licensee (officer, member, or authorized signatory) 	Date 06-3-2024
Name of Person Signing for Licensee Paul Bellin	Title Owner
<p>READ CAREFULLY BEFORE SIGNING: I, the Agent, herby 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.</p>	
Signature of Agent 	Date 06-3-2024

Form CTV-102 Instructions

Appointment of Agent

Who must complete Form CTV-102?

Wisconsin law requires corporations and limited liability companies (LLCs) to appoint an agent that takes responsibility for the licensed premises.

Submit this form with CTV-100 to appoint an agent while applying for a license, or as a standalone document to report a change in appointed agent.

Where do I submit Form CTV-102?

Form CTV-102, *Appointment of Agent*, must be submitted to the clerk of the municipality in which the business or organization is located.

Specific Instructions

Date:

Date you are preparing this form using the format MM/DD/YYYY.

Agent Type:

Select original appointment if you are appointing an agent with your license application (Form CTV-100).
Select change if you are reporting a change of agent mid-licensing period.

Part A: Agent Information

Provide all requested personal information for the appointed individual.

Part B: Agent Questions

- These questions should be answered by the appointed individual.
- Question 1: Submit a completed Form CTV-101, *Individual Questionnaire*, with this form.
- Question 2: Describe the reason why the business entity must appoint a new agent.
 - Examples include: the previous agent is no longer an employee of the entity, the previous agent is no longer eligible to be an agent of the premises, the previous agent was not responsive to business needs.

Part C: Licensee Information

- Box 1: Enter the legal business name.
- Box 2: Enter the trade name or "doing business as" name, if different than the name in box 1.
- Box 3: Check one entity type in to indicate how the business is legally organized.

Note: This business information must match the information on the license application (Form CTV-100) or license certificate if reporting a change of agent during the license period.

Part D: Attestations

- An authorized representative of the licensee should read the first attestation carefully and sign to acknowledge the appointment of this agent.
- If the business in Part C is a corporation, the attestation must be signed by an authorized corporate officer or director.
- If the business in Part C is an LLC, the attestation must be signed by an authorized LLC member (i.e., managing member).
- The agent should read the second attestation carefully and sign to accept the appointment.
- An authorized representative of the licensee may appoint themselves as the agent by signing both attestation sections.