



# CITY OF MANITOWOC

WISCONSIN, USA  
[www.manitowoc.org](http://www.manitowoc.org)

March 27, 2024

Paul R. Bellin  
2033 S. 30<sup>th</sup> Street  
Manitowoc, WI 54220

Dear Paul R. Bellin;

Your application for a Cigarette, Tobacco & Electronic Vaping License, received 03/25/24, has been recommended for denial pursuant to Wisconsin State Statute 134.65(1m)(a)1 after reviewing your arrest and conviction record.

This recommendation will be forwarded to the Finance Committee Meeting, which will be held in the Council Chambers at City Hall (900 Quay Street) on May 7, 2024 at 5:30pm. You are welcome to attend this meeting.

Please do not hesitate to contact us with any questions at (920) 686-6950.

Sincerely,

Mackenzie Reed  
City Clerk

MR:jlt

Cc: City Attorney  
**Finance Committee**

C16-2344

FOR CLERKS ONLY
Municipality CITY OF MANITOWOC
License Period Mar 2024 - 6/30/24

Form CTV-100

**PAID**

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

<b>Part A: Premises/Business Information</b>			
1. Legal Business Name (individual name if sole proprietor) Paul Bellin			
2. Business Trade Name or DBA 920 CBD LLC			
3. FEIN 83-300 1935		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 7-7-2020	8. Wisconsin DFI Registration Number N052927
9. Premises Address (do not use PO Box) 2033 S. 30th St			
10. City Manitowoc		11. State WI	12. Zip Code 54220
13. County USA	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 920 645 9317		21. Premises Email Paul@920CBD.com	22. Website 920CBD.com
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. locked entrance we check ID no one under 21 we will store Batteries on a shelves and vapes on a shelf			

<b>Part B: Questions</b>		
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	9209013062

**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 3-20-2024	
Name (Last, First, M.I.) Bellin Paul R		
Title Owner	Email Paul@920cbd.com	Phone 9209013062

**Part E: For Clerk Use Only**

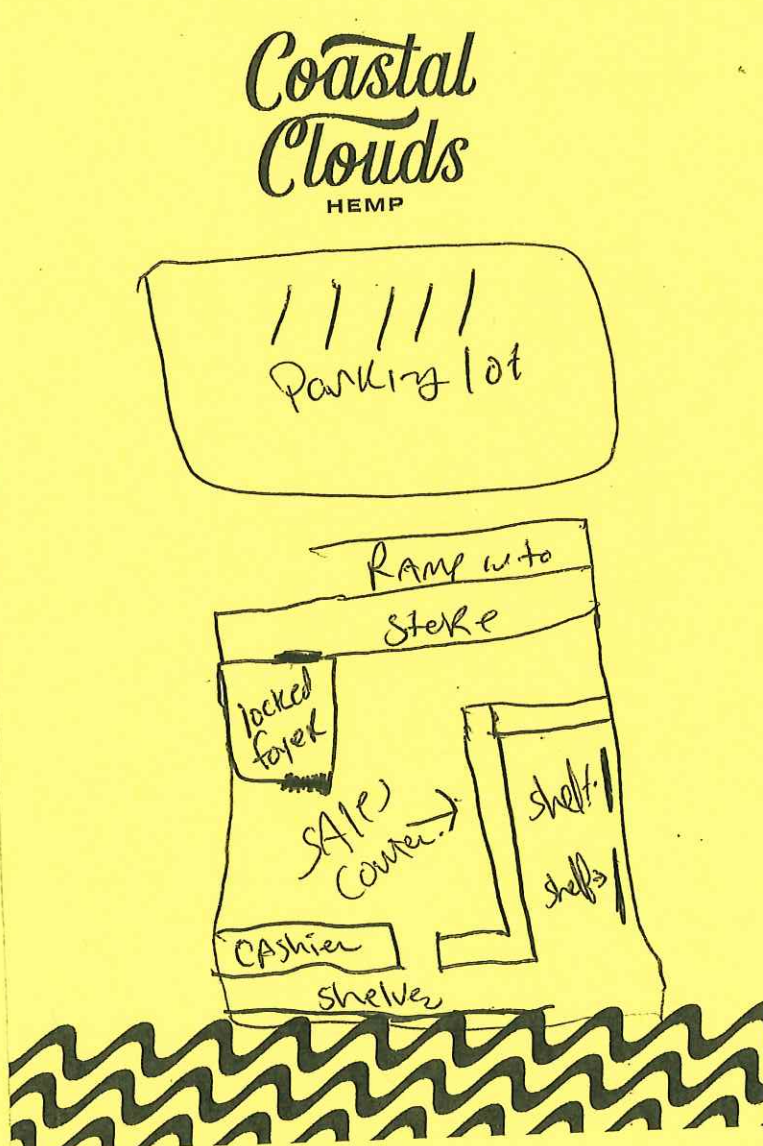
Date application was filed with clerk 03/25/24	Date license issued	Date license expires 06/30/24	License number CIG-2344
License fees \$33.34	Signature of Clerk/Deputy Clerk		

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

03-25-24  
Date



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

Date  
3-20-2024

<b>Part A: Business Information</b>			
1. Legal Business Name (individual name if sole proprietor) Paul Bellin			
2. Business Trade Name or DBA 920 CBD			
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

<b>Part B: Individual Information</b>			
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 9209013062	
7. Home Address 4036 S. 10th St			
8. City Manitowoc	9. State WI	10. Zip Code 54220	11. Date of Birth 9-2-85
12. Drivers License/State ID Number B450 69685322-08		13. Drivers License/State ID State of Issuance WI	

<b>Part C: Individual's Address History</b>			
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

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 <i>Possession of THC</i>	Location <i>Manitowoc</i>	Trial Date <i>2008</i>
Penalty Imposed <i>No contest</i>		Was sentence completed? . . . . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated <i>Deliver of THC</i>	Location <i>Two Rivers</i>	Trial Date <i>2008</i>
Penalty Imposed <i>Guilty</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

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 <i>3-20-24</i>
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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

Form  
CTV-102

# Cigarette, Tobacco, and Electronic Vaping Device Appointment of Agent



Date  
03-20-2024

Agent Type (check one):  Original  Change

<b>Part A: Agent Information</b>		
1. Last Name Bellin	2. First Name Paul	3. M.I. R
4. Email Paul@920cbd.com		5. Phone 420 901 3662
6. Home Address 4036 S. 10th St		
7. City Manitowoc		8. State WI
		9. Zip Code 54220
10. Date of Birth 9-2-85	11. Drivers License/State ID Number B450 69685322-08	12. Drivers License/State ID State of Issuance WI

<b>Part B: Questions</b>	
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	
2. If this is a change of agent, please describe the reason for the agent change. Attach additional sheets if necessary.	

<b>Part C: Business Information</b>		
1. Legal Business Name (individual name if sole proprietor) Paul Bellin		
2. Business Trade Name or DBA 920 CBD		
3. Entity Type (check one) <input checked="" 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

<b>Part D: Attestations</b>	
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.	
Signature of Licensee (officer, member, or authorized signatory) 	Date 03-20-2024
Name of Person Signing for Licensee Paul Bellin	Title OWNER
READ CAREFULLY BEFORE SIGNING: I, the Agent, hereby 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.	
Signature of Agent 	Date 03-25-2024