



CITY OF MANITOWOC

WISCONSIN, USA

www.manitowoc.org

April 12, 2024

Puff Stuff
Attn: Kyle Jacquart
1523 Washington St
Manitowoc, WI 54220

Dear Kyle Jacquart;

Your application for a Cigarette, Tobacco & Electronic Vaping License, received 03/28/24, 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 7th 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

CIG-2420

Form CTV-100

Cigarette, Tobacco, and Electronic Vaping Device Retail License Application

FOR CLERKS ONLY	
Municipality	CITY OF MANITOWOC
License Period	07/01/24 - 06/30/2025

Part A: Premises/Business Information

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

2. Business Trade Name or DBA

3. FEIN: 92-1108069

4. Wisconsin Seller's Permit Number: 456-1026479150-05

5. Entity Type (check one)
 Sole Proprietor Partnership Limited Liability Company Corporation

6. State of Organization: WI

7. Date of Organization: NOV 15 2022

8. Wisconsin DFI Registration Number: P086597

9. Premises Address (do not use PO Box): 1523 WASHINGTON ST

10. City: MANITOWOC

11. State: WI

12. Zip Code: 54220

13. County: MANITOWOC

14. Governing Municipality: City Town Village
of: MANITOWOC

15. Aldermanic District: 4

16. Mailing Address (if different from premises address): 1523 WASHINGTON ST

17. City: MANITOWOC

18. State: WI

19. Zip Code: 54220

20. Premises Phone: 920 629 5743

21. Premises Email: THEGRATEFULDAD1192@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.

WE HAVE 5 ROOMS = Display room will hold puffstuff.
 - x1 DISPLAY - x1 STORAGE - x1 EMPTY ROOM
 - x1 OFFICE - x1 LAMPWORKING STUDIO

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
JACQUART	KYLE	OWNER	920 629 5743

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.

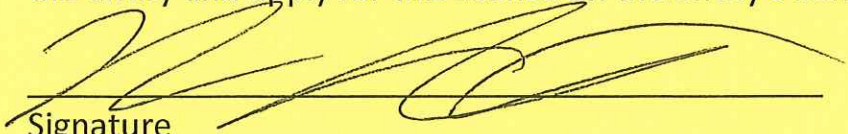
Signature 	Date 3/28/24
Name (Last, First, M.I.) JACQUART KYLE M	
Title OWNER	Email THEGRATEFULDAD1192@GMAIL.COM
Phone 920 629 5743	

Part E: For Clerk Use Only

Date application was filed with clerk 03/28/24	Date license issued	Date license expires 06/30/25	License number CIG-2420
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


Date

RECEIVED

CIG-2420

MAR 28 2024

Date 3/28/24

PAID

Form CTV-101

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

Part A: Business Information

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

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) JACQUART	2. Name (First) KYLE	3. Name (M.I.) R
4. Relationship to Business (Title) OWNER	5. Email THEGRATEFULDAD1192@gmail.com	6. Phone (920)629-5743
7. Home Address 1017 S 18th		
8. City MANITOWOC	9. State WI	10. Zip Code 54220
		11. Date of Birth 7/11/92
12. Drivers License/State ID Number 263-5169-2251-08		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 1017 S 18th	City MANITOWOC	State WI	Zip Code 54220
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 STAT 947.01	Location Manitowoc WI	Trial Date 8/21/2012 8/30/2012
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Penalty Imposed 90 days jail 12 months Probation	Was sentence completed?..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Law/Ordinance Violated 961.573(1)	Location Manitowoc WI	Trial Date 10/6/2011
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Penalty Imposed Fine	Was sentence completed?..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Law/Ordinance Violated 961.41(1m)(h)1	Location Manitowoc WI	Trial Date 7/15/2011
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Penalty Imposed 30 Days Jail 30 months Probation	Was sentence completed?..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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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 8/28/24
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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

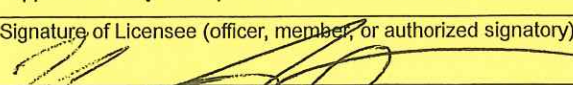
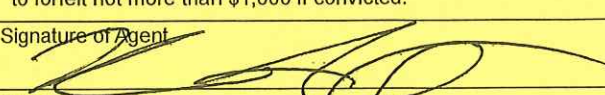
Date
04/11/24

Agent Type (check one): Original Change

Part A: Agent Information		
1. Last Name JACQUART	2. First Name KYLE	3. M.I. R
4. Email THEGRATEFULDAD1192@GMAIL.COM		5. Phone (920) 629-5743
6. Home Address 1017 S 18th		
7. City MANITOWOC		8. State WI
		9. Zip Code 54220
10. Date of Birth 7/11/92	11. Drivers License/State ID Number J263-5169-2251-08	12. Drivers License/State ID State of Issuance WI

Part B: Questions
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 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.

Part C: Business Information		
1. Legal Business Name (individual name if sole proprietor) PUFF STUFF		
2. Business Trade Name or DBA		
3. Entity Type (check one) <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation		
4. Premises Address 1523 WASHINGTON ST		
5. City MANITOWOC WI		7. Zip Code 54220

Part D: Attestations	
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 4/11/24
Name of Person Signing for Licensee KYLE JACQUART	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 4/11/24