Application for Cigarette and Tobacco Products Retail License Submit to municipal clerk.					MUNICIPAL USE ONLY License Number Period Covered	
Legal Name (corporation, limit	ed liability company, partnershi		-	me of the licensee below.	Federal	Employer Identification No. (FEIN)
Trada - Dusingge Manag //f	different then Legal Name				Telepho	ne Number
Trade or Business Name (<i>if different than Legal Name</i>)					Telephone Number ()	
Business Address (License Location)				Business Located In City Village Town	Business Telephone ()	
City	State	ZIP Code		of:	County	
Mailing Address (if different than Business Address)				City	State	ZIP Code
Sole Proprietor Partnership Other <i>(describe)</i> _		•		er date incorporated: re you registered to do business in `	Wiscons	in?
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READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees 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.

SUBSCRIBED AND SWORN TO BEFORE ME

(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)

this _____ day of _____, 20 _____

(Clerk / Notary Public)

My commission expires

CTP-200 (R. 9-15) Wisconsin Department of Revenue