

Application for Cigarette and Tobacco Products License

License Number
Period Covered
Date of Issuance

Applicant's Wisconsin 15-digit Sales Tax Account Number

← This must be issued in the same Legal Name of the licensee below.

Legal Name (corporation, limited liability company, partnership or sole proprietorship)			Federal Employer Identification No. (FEIN)	
Trade of Business Name			Telephone Number (920)	
Business Address (Permit Location)		Business Located In <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town		Business Telephone (920)
City Neenah	State WI	ZIP Code 54956	of: Neenah	County Winnebago
Mailing Address (if different than business address)		City	State	ZIP Code

Organization (check one)

- Sole Proprietor Wisconsin Corporation – Enter date incorporated: _____
 Partnership Out-of-State Corporation – Are you registered to do business in Wisconsin? YES NO
 Other (*describe*) _____

- YES NO 1. Does the applicant understand that they must purchase cigarettes only from manufacturers, distributors? or jobbers who hold a permit with the Wisconsin Department of Revenue?
 YES NO 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-261-6435.)
 YES NO 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
 YES NO 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health and Family Services? (SmokeCheck.org)
 YES NO 5. Does the applicant understand that they must not sell, give or otherwise provide cigarettes/tobacco products to minors?
 YES NO 6. Does the applicant understand that they may not sell single cigarettes?
 YES NO 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premise for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal Penalties, including loss of cigarette/tobacco products?
 YES NO 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at www.doj.state.wi.us/dis/tobacco/index.html may be sold in Wisconsin?
 YES NO 9. Does applicant owe any delinquent taxes, assessments or other claims in whole or part to the City or any delinquent forfeiture resulting from a violation of any City Ordinance.

Cigarettes/Tobacco will be sold Over the Counter In Vending Machine Both

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 premise 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
this _____ day of _____, 20__

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

(City Clerk/Notary)

My Commission Expires: _____

Cigarette License Fee: \$100 per year
All Licenses expire on June 30, 20__

Copy Application to Health Dept.