

# CITY OF LAKE GENEVA

## CIGARETTE & TOBACCO LICENSE APPLICATION



*Please Check:*

- ☐ New License
- ☐ Renewal of  
Current License

*PLEASE FILL IN ALL BLANKS COMPLETELY, AS  
INCOMPLETE APPLICATIONS WILL BE REJECTED.  
ANNUAL LICENSE EXPIRES JUNE 30<sup>TH</sup> EACH YEAR.  
\$100.00 FEE IS PAYABLE TO THE CITY OF LAKE GENEVA  
AND DUE UPON APPLICATION.*

### **BUSINESS INFORMATION**

Business Owner Name: \_\_\_\_\_

Business Owner Address: \_\_\_\_\_

Business Owner Phone: \_\_\_\_\_

Business Name: \_\_\_\_\_

Bus. Address (Physical): \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Bus. Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Local Contact Person for Business (if different): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

### **PLEASE ANSWER THE FOLLOWING QUESTIONS COMPLETELY**

1. Please indicate the manner in which cigarettes and tobacco products will be sold.  
(Circle all that apply)

OVER THE COUNTER      VENDING MACHINE

2. Please describe the location in the business premises where cigarettes and tobacco products will be sold: \_\_\_\_\_

3. Is your business the sole occupant of the building in which it is located?  
YES NO

If No, please provide the room number and name of the building where your business is conducted: \_\_\_\_\_

4. Have you completed the State Application for Cigarette and Tobacco Products License from the Wisconsin Department of Revenue (Form CTP-200)?  
YES NO

**PLEASE ATTACH COMPLETED FORM CTP-200 TO THIS APPLICATION.**

*The undersigned hereby applies for a license to sell, expose for sale, possess with intent to sell, exchange, barter, dispose of or give away cigarettes or tobacco products in the City of Lake Geneva. The undersigned further certifies that all statements made in the foregoing application are true and correct, and that he/she understands that the applicant must follow the provisions of Section 134.65, Wisconsin Statutes, and any other laws or ordinances regulating the activities covered by the license applied for herein.*

**APPLICANT SIGNATURE**

\_\_\_\_\_ DATE: \_\_\_\_\_

***For Office Use Only***

Date Filed: \_\_\_\_\_

Receipt No: \_\_\_\_\_

Total Amount: \_\_\_\_\_

CTP-200 Form Included: \_\_\_\_\_

Forwarded to Police Chief: \_\_\_\_\_

Chief Recommendation: \_\_\_\_\_ Approved Denied

License Issued: \_\_\_\_\_

License Number: \_\_\_\_\_

# Application for Cigarette and Tobacco Products License

MUNICIPAL USE ONLY

Applicant's Wisconsin 15-digit Sales Tax Account Number

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

License Number

Period Covered

Date of Issuance

Legal Name (corporation, limited liability company, partnership or sole proprietorship)

Federal Employer Identification No. (FEIN)

Trade or Business Name (if different than Legal Name)

Telephone Number  
( )

Business Address (Permit 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

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 may 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 premises 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 cigarettes/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/dls/tobacco/index.html](http://www.doj.state.wi.us/dls/tobacco/index.html) may be sold in Wisconsin?

Cigarettes / Tobacco will be sold ☐ over counter ☐ through 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 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 \_\_\_\_\_