

Date

Form  
CTV-101

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

<b>Part A: Business Information</b>			
1. Legal Business Name (individual name if sole proprietor)			
2. Business Trade Name or DBA			
3. Entity Type (check one)			
<input 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)	2. Name (First)	3. Name (M.I.)	
4. Relationship to Business (Title)	5. Email	6. Phone	
7. Home Address			
8. City	9. State	10. Zip Code	11. Date of Birth
12. Drivers License/State ID Number		13. Drivers License/State ID State of Issuance	

<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 →

<b>Part D: Individual's Criminal History</b>		
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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes to question 1, please list details of each conviction below:		
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? ..... <input 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
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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.		

<b>Part E: Attestation by Individual</b>	
<b>READ CAREFULLY BEFORE SIGNING:</b> 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

<b>Part F: Licensing Authority Approval</b>	
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-101 Instructions

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

### **Who must complete Form CTV-101?**

This form must be submitted to the municipal clerk along with Form CTV-100. One CTV-101 must be completed by each person involved in the applicant business. Such person include: sole proprietor; all officers, agents of a corporation; all partners of a partnership; and all members and agents of a limited liability company.

*Note:* Your cigarette, tobacco, and electronic vaping device license application (Form CTV-100) is not complete until all required Individual Questionnaires are submitted.

### **Where do I submit Form CTV-101?**

Submit this form with the license application (Form CTV-100) to the clerk of the municipality in which the applicant business is located.

### **Specific Instructions**

#### *Date*

Date you are preparing this form using the format MM/DD/YYYY.

#### *Part A: Premises/Business Information*

- Box 1: Enter the legal business name. If the applicant is a sole proprietor, enter the individual's first and last name.
- Box 2: Enter the trade name or "doing business as" name, if different than the name in box 1.
- Box 3: Check one entity type to indicate how the business is legally organized.

**Note:** This business information must match the information on the license application (Form CTV-100).

#### *Part B: Individual Information*

- Provide all requested personal information.
- Box 2: Enter your title or describe your relationship to the business. Examples: President, Treasurer, Chief Financial Officer, Member, Partner, Agent, etc.

#### *Part C: Address History*

- List your addresses within the past five years.
- List any states and counties you have lived in not already listed in Part C.

#### *Part D: Criminal History*

- Question 1: Disclose any civil or criminal violations of law in any jurisdiction (federal, state, or local ordinance).
- Question 2: Disclose any pending charges against you in any jurisdiction.

**Note: Subject to the Wisconsin Fair Employment Law (Ch. 111, Wis. Stats.),** persons with convictions or pending charges may, if the offenses are sufficiently relevant, be prohibited from holding a retail cigarette, tobacco, and electronic vaping device license under sec. 134.65(1m), Wis. Stats. See the Department of Revenue's [Permit Predetermination Common Questions](#) for offenses that may prevent someone from holding a license.

#### *Part E: Attestation:*

- Read the attestation carefully, then sign and date.

#### *Part F: Licensing Authority Approval*

This section is for use by the appropriate municipal official to attest to the qualifications of the individual.

## **Assistance**

This form is designed by the Department of Revenue for use by municipal governments. Reach out to your municipal clerk for assistance with the following:

- Submission of the retail license application and supplemental forms
- Cost of certain licenses

If you have questions about cigarette, tobacco, and electronic vaping device laws and regulations, you may contact the Department of Revenue using the contact information below.

Website: <https://www.revenue.wi.gov/Pages/Businesses/Tobacco.aspx>

Write: [DORAlcoholTobaccoEnforcement@wisconsin.gov](mailto:DORAlcoholTobaccoEnforcement@wisconsin.gov)

Call: (608) 264-4573

## **Resources Provided by the Department of Revenue**

[Wisconsin Department of Revenue Cigarette, Tobacco, and Vapor Product Landing Page](#)

[Permit Predetermination Common Questions](#)

[Vapor Products Tax Common Questions](#)

[Fact Sheet 3501 Vapor Products Tax](#)

## **Other Resources**

[Tobacco Sales Training](#) – Wisconsin Department of Health Services

[Tobacco 21](#) – Wisconsin Department of Health Services