RESOLUTION OF THE COMMON COUNCIL	
Authorizing and directing the proper city official(s) to issue a Cigarette and Tobacco Products Retail License to Madtown Smoke Shop 2, Inc. located at 2501 Jackson St., Suite 200. Committee Public Safety recommends approval 5-0 on January 25, 2023 Fiscal Impact: N/A	
File Number: R-21-2023	**Date Introduced:** February 14, 2023

WHEREAS the City Clerk's office has received an application for a Cigarette & Tobacco License Products Retail License from Madtown Smoke Shop 2, Inc., Agent Mohammad Awad, dba Madtown Smoke Shop 2 located at 2501 Jackson St., Suite 200

WHEREAS, the Police Chief and City Clerk have reviewed and approved the issuance of an to said applicant, now therefore

BE IT RESOLVED by the Common Council of the City of Stoughton that the proper city official(s) be hereby authorized and directed to issue a Cigarette & Tobacco Products Retail License to the aforementioned applicant.

Council Action: ☐ **Adopted** ☐ **Failed** **Vote** _____

Mayoral Action: ☐ **Accept** ☐ **Veto**

_____ Date_____

Tim Swadley, Mayor

Council Action: _____ ☐ **Override** **Vote** _____

10006492/

Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

RECEIVED
DEC 05 2022
By

MUNICIPAL USE ONLY
License Number
Period Covered
Date of Issuance

Applicant's Wisconsin 15-digit Sales Tax Account Number: 456-1031164462-04 ← This must be issued in the same Legal Name of the licensee below.

Legal Name (corporation, limited liability company, partnership or sole proprietorship): Madtown Smoke Shop 2, Inc.	Federal Employer Identification No. (FEIN): 92-0954961
Trade or Business Name *(if different than Legal Name)*	Telephone Number: (708) 717-6262
Business Address (License Location): 2501 Jackson Street Suite 200	Business Located In: [X] City [ ] Village [ ] Town of: Stoughton
Business Telephone: (708) 717-6262	
City: Stroughton; State: WI; ZIP Code: 53589	County: Dane
Mailing Address *(if different than Business Address)*: [redacted]	City: [redacted]; State: [redacted]; ZIP Code: [redacted]

Organization *(check one)*

- [ ] Sole Proprietor
- [ ] Partnership
- [ ] Other *(describe)*
- [X] Wisconsin Corporation – Enter date incorporated: 11/07/2022
- [ ] Out-of-State Corporation – Are you registered to do business in Wisconsin? [ ] YES [ ] NO

1. [✓] YES [ ] NO — Does the applicant understand that they must purchase cigarettes only from distributors or jobbers who hold a permit with the Wisconsin Department of Revenue?
2. [✓] YES [ ] NO — 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. See application form CTP-129, revenue.wi.gov/forms/excise/ctp-129.pdf.)
3. [✓] YES [ ] NO — Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
4. [✓] YES [ ] NO — Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (SmokeCheck.org)
5. [✓] YES [ ] NO — Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?
6. [✓] YES [ ] NO — Does the applicant understand that they may not sell single cigarettes?
7. [✓] YES [ ] NO — 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?
8. [✓] YES [ ] NO — 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 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.

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 29th day of November, 2022

(Clerk / Notary Public)

My commission expires July 20, 2024

NOTARY PUBLIC STATE OF ILLINOIS
ALHAN DAOUD
OFFICIAL SEAL
Notary Public - State of Illinois
My Commission Expires
July 20, 2024

PD — court — until

CTP-200 (R. 6-14)
Wisconsin Department of Revenue

WISCONSIN DEPARTMENT OF REVENUE
PO BOX 8902
MADISON, WI 53708-8902

Contact Information:

2135 RIMROCK RD PO BOX 8902
MADISON, WI 53708-8902
ph: 608-266-2776 fax: 608-224-5761
email: DORBusinessTax@wisconsin.gov
website: revenue.wi.gov

Letter ID L0696192720

MADTOWN SMOKE SHOP 2 INC
2501 JACKSON ST STE 200
STOUGHTON WI 53589-9151

Wisconsin Department of Revenue Seller's Permit

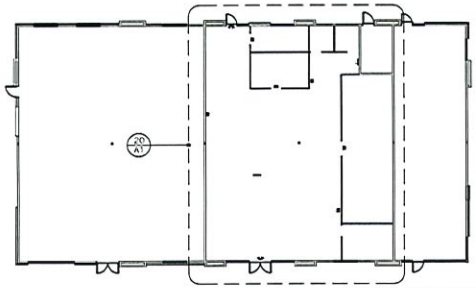
Legal/real name: MADTOWN SMOKE SHOP 2 INC

Business name:

2501 JACKSON ST
SUITE 200
STOUGHTON WI 53589-9151

- This certificate confirms you are registered with the Wisconsin Department of Revenue and authorized in the business of selling tangible personal property and taxable services.
- You may not transfer this permit.
- This permit must be displayed at the place of business and is not valid at any other location.
- If your business is not operated from a fixed location, you must carry or display this permit at all events.

Tax Type	Account Type	Account Number
Sales & Use Tax	Seller's Permit	456-1031164462-04



MAIN FLOOR PLAN DIAGRAM
SCALE: 1/16" = 1'-0"
2022\STOUGHTON TOBACCO\ST-DRAWINGS.DWG
DATE: AUGUST 12, 2022

VERIFY ALL CONDITIONS AND DIMENSIONS ON THE JOB AND NOTIFY THE DESIGN ALLIANCE ARCHITECTS, INC. OF ANY DISCREPANCIES PRIOR TO START.

LEGEND

A = Products Stored

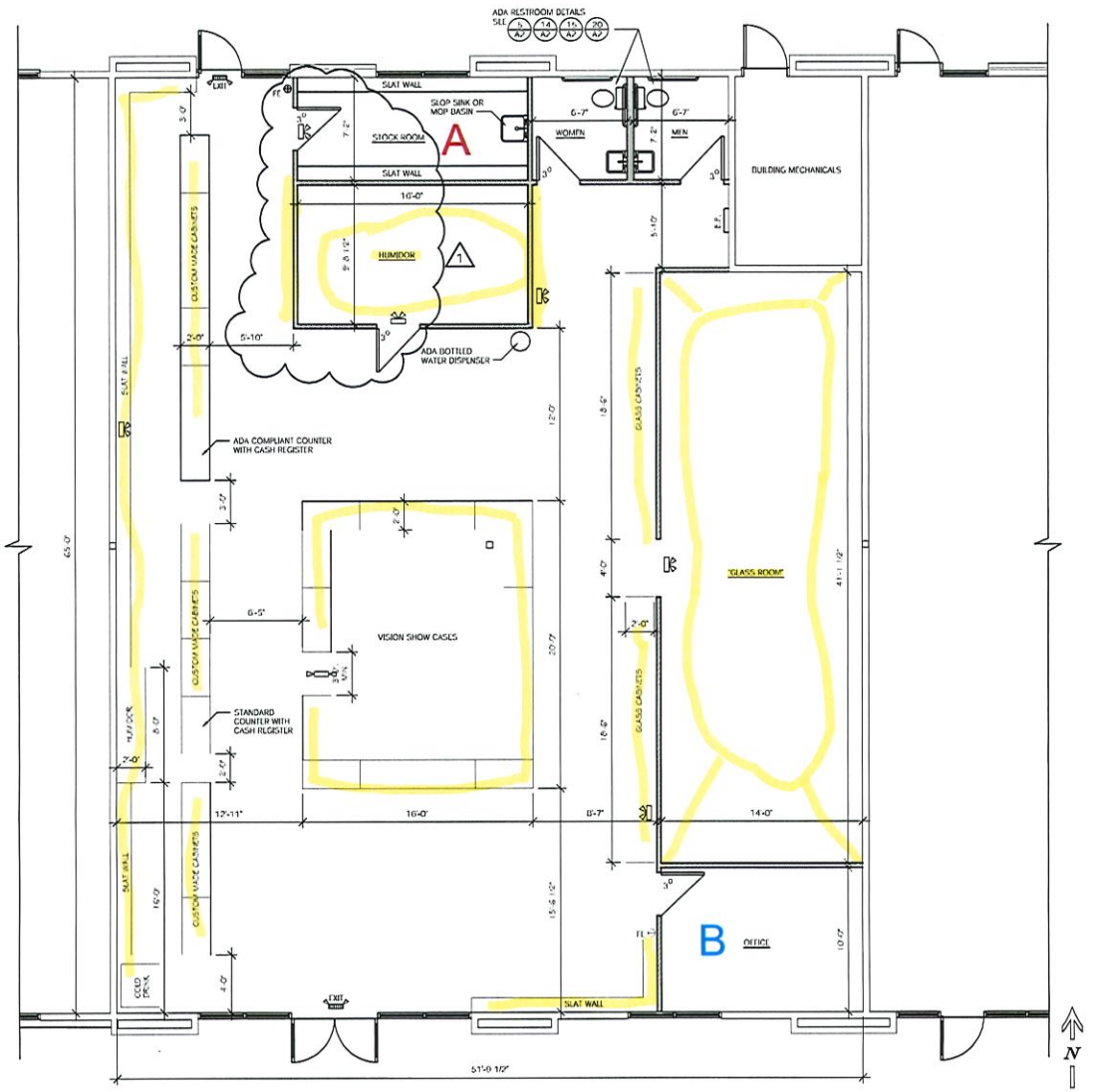
B = Records Kept

= Products Sold

LEGEND:

- NEW DOOR WITH ADA COMPLIANT LEVER HANDLE
- NEW APPROVED ILLUMINATED EXIT SIGN WITH EMERGENCY LIGHTS AND 90 MINUTE MIN. BATTERY BACK-UP, TYP.
- APPROVED EMERGENCY LIGHTING WITH 90 MINUTE MIN. BATTERY BACK-UP. TYP. -- SEE EGRESS LIGHTING PLAN SHEET E-1
- PROVIDE FIRE EXTINGUISHERS - CONFIRM REQUIREMENTS WITH LOCAL FIRE INSPECTOR
- NEW WALL: 2x4 WOOD STUDS AT 16" O.C. WITH 1/2" DRYWALL ON EACH SIDE. TYP.
- EXISTING WALL

LEGEND
SCALE: N.T.S.
2022\STOUGHTON TOBACCO\ST-DRAWINGS.DWG
DATE: AUGUST 12, 2022



MAIN FLOOR PLAN (PARTIAL)
SCALE: 1/4" = 1'-0"
2022\STOUGHTON TOBACCO\ST-DRAWINGS.DWG
DATE: AUGUST 12, 2022

the Design Alliance Architects, Inc.
1003 Madison Avenue
Fort Atkinson, WI
(920) 563-3404

MAD TOWN SMOKE SHOP STOUGHTON
2501 Jackson Street Suite 200
Stoughton, WI 53589

DRAWING NAMES
MAIN FLOOR PLAN
LEGEND
PLAN DIAGRAM

REVISIONS	
1	12/12/2022

PROJECT DATA
DATE: 10/10/2022
DRAWN BY: CL
CHECKED BY: P.W.

SHEET NO.

A-1

City of Stoughton Wisconsin

Additional Establishment Licenses

RECEIVED
DEC 05 2022
By

Business Name: Madtown Smoke Shop 2 Inc.

Business Address: 2501 Jackson Street
Suite 200

Applicant/Agent Name: Mohammad Awad

Applicant/Agent Address [redacted]

- [x] Tobacco License - $100 (Must also complete Tobacco License Application)
- [ ] Jukebox - $10
- [ ] Pool Tables - $35/table Number of Tables: _____ Pool Table Total: $ 0
- [ ] Amusement Devices - $35/device Number of Devices: _____ Device Total: $ 0
- [ ] Amusement Device Operator - $100
- [ ] Cabaret - $100

Total Fees: $ 0

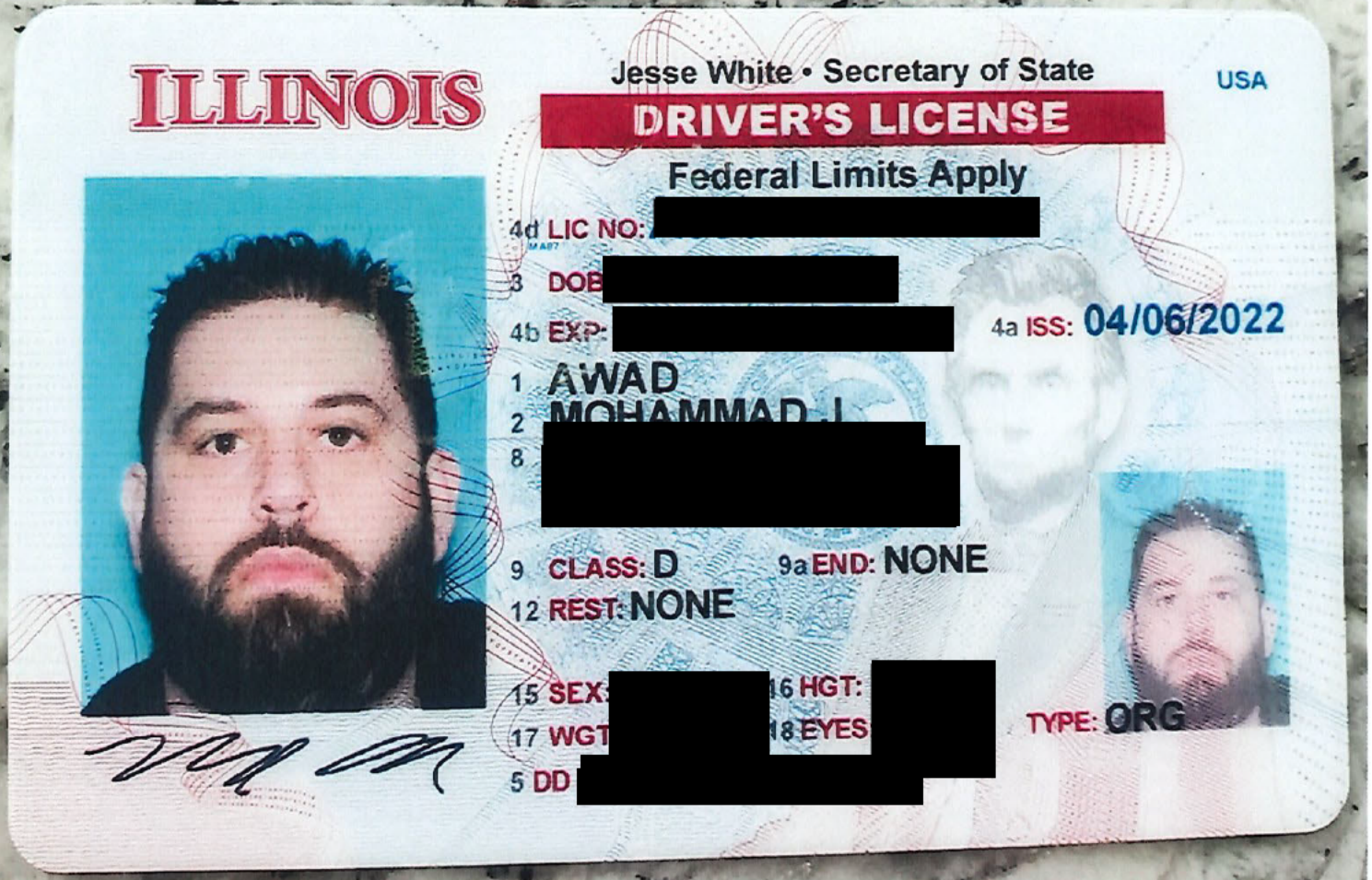
Signature: [signature]

Receipt #: _____

License Term: 6/30/2023

PLEASE UPLOAD TO YOUR ESTABLISHMENT LIQUOR LICENSE APPLICATION
OR RETURN FORM AND PAYMENT TO
STOUGHTON CITY HALL
ATTN: CLERKS OFFICE
207 S. FORREST ST.
STOUGHTON, WI 53589

moeawad87@hotmail.com


ILLINOIS
Jesse White • Secretary of State
USA
DRIVER'S LICENSE
Federal Limits Apply
4d LIC NO: [redacted]
3 DOB [redacted]
4b EXP: [redacted]
4a ISS: 04/06/2022
1 AWAD
2 MOHAMMAD J
8 [redacted]
9 CLASS: D
9a END: NONE
12 REST: NONE
15 SEX: [redacted]
16 HGT: [redacted]
17 WGT [redacted]
18 EYES [redacted]
5 DD [redacted]
TYPE: ORG