

Cigarette, Tobacco, and Electronic Vaping Device - Individual Questionnaire

Date

Part A: Business Information			
1. Legal Business Name (individual name if sole proprietor)			
2. Business Trade Name or DBA			
3. Entity Type (<i>check one</i>)			
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Corporation

Part B: Individual Information			
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	

Part C: Individual's Address History			
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
State	County	State	County

Continued →

Part D: Individual's Criminal History

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? Yes 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? Yes No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation by Individual

READ CAREFULLY BEFORE SIGNING: 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
-----------	------

Part F: Licensing Authority Approval

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, this individual does not have a criminal record that would disqualify them from having an interest in a cigarette, tobacco product, or electronic vaping device retailer license according to sec. 134.65(1m), Wis. Stats.

Name of Local Official	Title
Signature of Local Official	Date

Form CTV-101 Instructions

Cigarette, Tobacco, and Electronic Vaping Device - Individual Questionnaire

Who must complete Form CTV-101?

This form must be submitted with a retail license (Form CTV-100) or permit (CTV-200) application and must be completed by each person involved in the applicant business. This includes: a 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 applications (Forms CTV-100 or CTV-200) are not complete until all required Individual Questionnaires are submitted.

Where do I submit Form CTV-101?

Submit this form with the following applications, as applicable:

- With Form CTV-100, Cigarette, Tobacco, and Electronic Vaping Device Retail License Application, to the clerk of the municipality in which the applicant business is located.
- With Form CTV-200, Application for Cigarette, Tobacco, and Vapor Products Permits, to the Department of Revenue.

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 or permit application (Form CTV-100 or CTV-200).

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

- In chronological order starting with your most recent residential address, 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 cigarette, tobacco, and electronic vaping device license or permit under secs. 134.65(1m) and 139.34, Wis. Stats. See the Department of Revenue's [Permit Predetermination Common Questions](#) for offenses that may prevent someone from holding a license or permit.

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.

If you have questions about retail license applications and costs of licenses, contact your municipal clerk for assistance.

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

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

Email: DORExcise@wisconsin.gov

Telephone: (608) 264-4248

Resources Provided by the Department of Revenue

[Publication 304, Cigarette, Tobacco, and Vapor Products Tax and Regulatory Information](#)

[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