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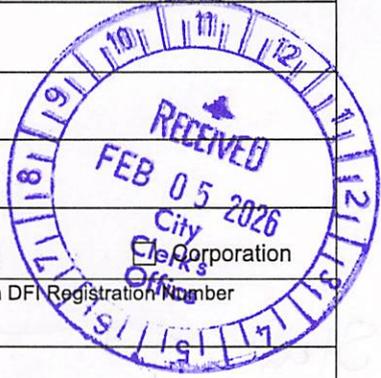
FOR CLERKS ONLY	
Municipality	
License Period	

Form CTV-100

# Cigarette, Tobacco, and Electronic Vaping Device Retail License Application

## Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietor) Rolling Trees LLC			
2. Business Trade Name or DBA <i>Rolling Trees</i>			
3. FEIN 83-3793586		4. Wisconsin Seller's Permit Number 456102979672604	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company			
6. State of Organization Wisconsin		7. Date of Organization 03/01/2019	8. Wisconsin DFI Registration Number
9. Premises Address (do not use PO Box) 444 Main st <i>STE 103</i>			
10. City La Crosse		11. State WI	12. Zip Code 54601
13. County La Crosse	14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: <u>La Crosse</u>		15. Aldermanic District
16. Mailing Address (if different from premises address)			
17. City		18. State	19. Zip Code
20. Premises Phone [REDACTED]	21. Premises Email [REDACTED]		22. Website rolling-trees-llc.myshopify.com
23. Premises Description - Describe the building or buildings where cigarettes, tobacco products, and electronic vaping devices are to be sold and stored. Describe all rooms including living quarters, if used, for the sales and/or storage of cigarettes, tobacco products, and electronic vaping devices and records. Cigarettes, tobacco products, and electronic vaping devices may be sold and stored ONLY on the premises described in this application. Attach a floor plan if possible.  <i>It is the city square building in Down town la crosse. in the basement is where the products will be sold and they back stock will be in locked display cases. Products will be sold in the main retail area. Products will be stored in (6) display cases in main retail area. Records will be kept digitally at the main counter.</i>			

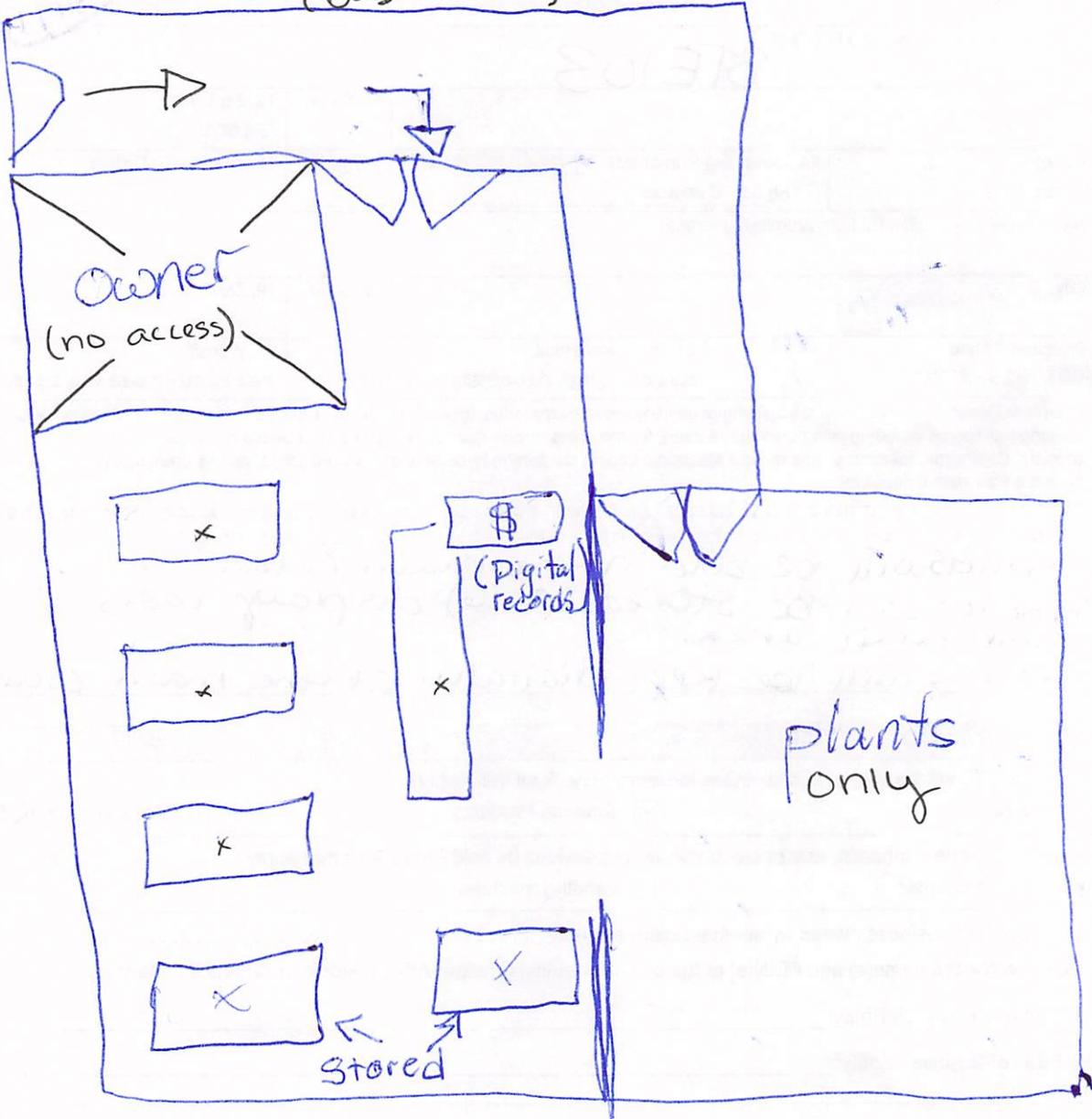


## Part B: Questions

1. What products will be sold at this business location? (check all that apply)		
<input type="checkbox"/> Cigarettes	<input checked="" type="checkbox"/> Tobacco Products	<input checked="" type="checkbox"/> Electronic Vaping Devices
2. How will cigarettes, tobacco, and/or electronic vaping devices be sold? (check all that apply)		
<input checked="" type="checkbox"/> Over the counter	<input type="checkbox"/> Vending machine	
3. Is the applicant business owned by another business entity? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, provide the name(s) and FEIN(s) of the business entity(s) below. Attach additional sheets if necessary		
3a. Name of Business Entity: _____		
3b. FEIN of Business Entity: _____		

Rolling Trees LLC  
444 Main St Ste 103  
(Basement)

Stairs  
|||



**Part C: Individual Information**

List the name, title, and phone number for each person or entity holding the following titles or positions in the applicant business and any businesses listed in Part B, Question 3: sole proprietor: all officers, directors, and agents of a corporation: all partners of a partnership: and all members and agents of a limited liability company. Attach additional sheets if necessary.

Include Form CTV-101, *Individual Questionnaire*, for each person listed below.

Last Name	First Name	Title	Phone
Andonegui	Allan	Owner	[REDACTED]

**Part D: Attestation**

One of the following must sign and attest to this application:

- sole proprietor      • one general partner of a partnership      • one corporate officer      • one managing member of an LLC

**READ CAREFULLY BEFORE SIGNING:**

I understand and agree to the following:

- I will only purchase cigarettes, tobacco, and vapor products from distributors, jobbers, or subjobbers permitted by the Wisconsin Department of Revenue, unless I also hold the proper distributor's permit and pay all applicable excise taxes.
- I will not purchase or exchange products from another retailer, including transferring existing stock to a new owner.
- I will provide tobacco sales training that has been approved by the Wisconsin Department of Health Services to my employees. (<https://witobaccocheck.org>).
- I will not sell single cigarettes.
- I will not sell, give, or otherwise provide cigarettes, tobacco, or any nicotine products to minors.
- I will keep product invoices on the licensed premises for two years and ensure the records are available for inspection by law enforcement. Failure to comply with this will result in criminal penalties, including loss of inventory.
- I will not sell cigarettes or roll-your-own (RYO) tobacco products unless listed on the Wisconsin Department of Justice's directory of certified tobacco manufacturers and brands.

Further, under penalty provided by law, I state that this application has been truthfully answered to the best of my knowledge. I agree 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 allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature <i>Allan Andonegui</i>		Date <i>2-4-26</i>
Name (Last, First, M.I.) <i>Andonegui Allan K</i>		
Title <i>Owner</i>	Email [REDACTED]	Phone [REDACTED]

**Part E: For Clerk Use Only**

Date application was filed with clerk	Date license issued	Date license expires	License number
License fees	Signature of Clerk/Deputy Clerk		

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) Rolling trees LLC			
2. Business Trade Name or DBA Rolling Trees			
3. Entity Type (check one)			
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Corporation

<b>Part B: Individual Information</b>			
1. Name (Last) Andoneanu	2. Name (First) Allan	3. Name (M.I.) K	
4. Relationship to Business (Title) Owner	5. Email [REDACTED]	6. Phone [REDACTED]	
7. Home Address W5867 Hillcrest Dr			
8. City La Crosse	9. State WI	10. Zip Code 54601	11. Date of Birth [REDACTED]
12. Drivers License/State ID Number [REDACTED]		13. Drivers License/State ID State of Issuance Wisconsin	

<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 1209 Seiler Ln La Crosse	City La Crosse	State WI	Zip Code 54601				
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	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 <i>DUIs</i>	Location <i>la Crosse</i>	Trial Date <i>around 2012</i>
Penalty Imposed <i>Classes</i>		Was sentence completed? ..... <input checked="" 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 <i>Allen C. P. P.</i>	Date <i>2-5-26</i>
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**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 qualifies to serve in the reported role with the above-named business.

Name of Local Official	Title
Signature of Local Official	Date

Form  
CTV-102

# Cigarette, Tobacco, and Electronic Vaping Device Appointment of Agent

Date

Agent Type (check one):  Original  Change

<b>Part A: Agent Information</b>		
1. Last Name Andonegui	2. First Name Allan	3. M.I. K
4. Email	5. Phone	
6. Home Address 105867 Hillcrest Dr		
7. City La Crosse	8. State WI	9. Zip Code 54601
10. Date of Birth	11. Drivers License/State ID Number	12. Drivers License/State ID State of Issuance Wisconsin

<b>Part B: Questions</b>	
1. Have you completed Form CTV-101, Cigarette, Tobacco, and Electronic Vaping Device License - Individual Questionnaire? Submit a completed Form CTV-101 with this form. .... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
2. If this is a change of agent, please describe the reason for the agent change. Attach additional sheets if necessary.	

<b>Part C: Business Information</b>		
1. Legal Business Name (individual name if sole proprietor) Rolling Trees LLC		
2. Business Trade Name or DBA Rolling Trees		
3. Entity Type (check one) <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation		
4. Premises Address 444 main st Ste 103		
5. City La Crosse	6. State WI	7. Zip Code 54601

<b>Part D: Attestations</b>	
<b>READ CAREFULLY BEFORE SIGNING:</b> I, the Licensee, authorize the above-named individual to act for the above-named corporation or limited liability company with full authority and control of the premises and of all business relative to cigarettes, tobacco products, and/or electronic vaping devices conducted therein. I certify that I am authorized by the entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, 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 this application may be required to forfeit not more than \$1,000 if convicted.	
Signature of Licensee (officer, member, or authorized signatory) <i>Allan Andonegui</i>	Date 2-5-26
Name of Person Signing for Licensee Allan Andonegui	Title owner
<b>READ CAREFULLY BEFORE SIGNING:</b> I, the Agent, hereby accept this appointment as agent for the above-named corporation or limited liability company and assume full responsibility for the conduct of all business relative to sales of cigarettes, tobacco products, and/or electronic vaping devices conducted on the premises for the above-named business. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this form, and that any person who knowingly provides materially false information on this form may be required to forfeit not more than \$1,000 if convicted.	
Signature of Agent <i>Allan Andonegui</i>	Date 2-5-26