

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol beverages. Yes No

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

A vendor sold me an erectile product which, unknown to me, might or might not contain a prescription medication for erectile dysfunction. TBD

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or wholesaler? Yes No
 If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. Yes No
 5. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? Yes No
 6. Does the applicant business owe past due municipal property taxes, assessments, or other fees? Yes No

Part C: Individual Information

Check each box to attest that you have provided the appropriate supplementary information to complete your application. See the instructions for Part C of this application, beginning on page 2, to complete this section.

- I have accurately listed and provided contact and personal information for all required persons involved in the applicant business and any business identified in Part A, Question 6 using Form AB-200AA.
- I have provided an accurate Form AB-100 for each person listed in Form AB-200AA.
- (For corporations, limited liability companies, and nonprofit organizations only) I have provided an accurate Form AB-101 to appoint an agent on behalf of my business.
- I understand that my application is not complete until this supplementary paperwork is received by the municipal clerk where I am applying for an alcohol beverage license.

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 member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that 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. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further 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.

| | | |
|---|-------------------------------|------------------------------|
| Last Name Chiraghodin | First Name Inderyas | M.I. None |
| Title Owner/Manager | Email | Phone 608-799-4957 |
| Signature <i>[Handwritten Signature]</i> | | |

Part E: For Clerk Use Only

| | | | |
|---------------------------------------|----------------|---|---------------------|
| Date Application Was Filed With Clerk | License Number | Date License Granted | Date License Issued |
| Signature of Clerk/Deputy Clerk | | Date Provisional License Issued (if applicable) | |

| License Number | License Type | Business Name | DBA | Business Address |
|-------------------|----------------|-------------------------|----------------|------------------|
| ALC007594-04-2025 | Class "A" Beer | MEMA ENTERPRISES LLC | CITGO ON STATE | 1914 STATE RD |

Sales and Service Description: *Entire building located at 1914 State Rd.*
Storage Description: *Storage within building and cooler.*

Business License Contacts

| Name | Address | Business Phone | Mobile Phone | Home Phone | Contact Type(s) |
|--|--|----------------|--------------|------------|-----------------|
| MARGARET Alice ANDERSON- CHIRAGHDIN | N1935 SUMMIT DR LA CROSSE, WI 54601 | | | | Member |
| INDERYAS CHIRAGHDIN | N1935 SUMMIT DR LA CROSSE, WI 54601 | | | | Agent Member |

| License Number | License Type | Business Name | DBA | Business Address |
|-------------------|------------------|-------------------------|----------------|------------------|
| ALC007593-04-2025 | "Class A" Liquor | MEMA ENTERPRISES LLC | CITGO ON STATE | 1914 STATE RD |

Sales and Service Description: *Entire building located at 1914 State Rd.*
Storage Description: *Storage within building and cooler.*

Business License Contacts

| Name | Address | Business Phone | Mobile Phone | Home Phone | Contact Type(s) |
|--|--|----------------|--------------|------------|-----------------|
| MARGARET Alice ANDERSON- CHIRAGHDIN | N1935 SUMMIT DR LA CROSSE, WI 54601 | | | | Member |
| INDERYAS CHIRAGHDIN | N1935 SUMMIT DR LA CROSSE, WI 54601 | | | | Agent Member |

Cigarette, Tobacco, and Electronic Vaping Device Retail License Application

| FOR CLERKS ONLY |
|-----------------|
| Municipality |
| License Period |

| Part A: Premises/Business Information | | | |
|--|---|--|-------------------------|
| 1. Legal Business Name (individual name if sole proprietor) Mema Enterprises LLC | | | |
| 2. Business Trade Name or DBA Citgo on State | | | |
| 3. FEIN 99-2193995 | 4. Wisconsin Seller's Permit Number 456-1031704198-04 | | |
| 5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation | | | |
| 6. State of Organization Wisconsin | 7. Date of Organization 3/19/2024 | 8. Wisconsin DFI Registration Number M131386 | |
| 9. Premises Address (do not use PO Box) 1914 State Rd | | | |
| 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: La Crosse | | 15. Aldermanic District |
| 16. Mailing Address (if different from premises address) 1 | | | |
| 17. City | 18. State | 19. Zip Code | |
| 20. Premises Phone | 21. Premises Email | 22. Website | |
| 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. | | | |

| Part B: Questions | |
|--|--|
| 1. What products will be sold at this business location? (check all that apply) | |
| <input checked="" 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: _____ | |

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 |
|---------------------|------------|---------------|-------|
| Chiraghdin | T Inderyas | Owner/Manager | |
| Anderson-Chiraghdin | Margaret | Owner | |
| | | | |
| | | | |

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.
- I will not sell or offer for sale any electronic vaping device unless listed on the Wisconsin Department of Revenue's electronic vaping device directory.

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  | Date 4/13/26 |
| Name (Last, First, M.I.) Chiraghdin T Inderyas | |
| Title Owner/Manager | Phone 608-799-4957 |

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 | | |

| License Number | License Type | Business Name | DBA | Business Address |
|-------------------|---|----------------------|----------------|------------------|
| CIG007595-04-2025 | Cigarette, Tobacco and Electronic Vaping Device | MEMA ENTERPRISES LLC | CITGO ON STATE | 1914 STATE RD |

Sales and Service Description:
Storage Description:

Business License Contacts

| Name | Address | Business Phone | Mobile Phone | Home Phone | Contact Type(s) |
|-------------------------------------|--|----------------|--------------|------------|-----------------|
| MARGARET Alice ANDERSON- CHIRAGHDIN | N1935 SUMMIT DR LA CROSSE, WI 54601 | | | | Member |
| INDERYAS CHIRAGHDIN | N1935 SUMMIT DR LA CROSSE, WI 54601 | | | | Agent Member |