EXHIBIT tabbies F

Form **AB-200**

Alcohol Beverage Application

For Municipal Use Only
Municipality
License Period

Application Type *(check one)*
☐ Initial (New) ☑ Renewal

License(s) Requested: (up to two boxes may be checked)

☑ Class "A" Beer	$ 120	☐ Class "B" Beer	$
☑ "Class A" Liquor	$ 520	☐ Regular "Class B" Liquor	$
☐ "Class A" Liquor (cider only)	$	☐ Reserve "Class B" Liquor	$
☐ "Class C" Liquor (wine only)	$	☐ Above-Quota "Class B" Liquor	$

Fees	
License Fee(s)	$ 640
Background Check Fee	$
Publication Fee	$
Total Fees	$ 640

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)
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)*
☐ Sole Proprietor ☐ Partnership ☑ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization

6. If the applicant business is an LLC, are the controlling members other LLCs or corporations? ☐ Yes ☑ No
If yes, the members, managers, officers and directors of those business entities must be listed in Part C and provide a Form AB-100.

7. State of Organization
Wisconsin

8. Date of Organization
3/19/2024

9. Wisconsin DFI Registration Number
M1313186

10. Premises Address
1914 State Rd

11. City
La Crosse

12. State
WI

13. Zip Code
54601

14. County
La Crosse

15. Governing Municipality: ☑ City ☐ Town ☐ Village of: La Crosse

16. Aldermanic District

17. Premises Phone
608-786-1913

19. Website
None

20. Premises Description
Initial (New Applicants Only): Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.
Renewal Applicants Only: I am renewing a license and by checking the box following this statement, I affirm that I have reviewed the last issued license certificate and the premises description remains the same. ☑

21. Mailing Address (if different from premises address)

22. City

23. State

24. Zip Code

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☑ No
If yes, list the details of violation below. Attach additional sheets if necessary.

Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? ☐ Yes ☐ No	
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? ☐ Yes ☐ No	

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	First Name	M.I.
Chiraghdin	Inderyas	None

Title	Email	Phone
Owner/Manager		608-799-4957

Signature

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

Form
CTV-100

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	4. Wisconsin Seller's Permit Number
99-2193995	456-1031704198-04

5. Entity Type *(check one)*: ☐ Sole Proprietor ☐ Partnership ☑ Limited Liability Company ☐ Corporation

6. State of Organization	7. Date of Organization	8. Wisconsin DFI Registration Number
Wisconsin	3/19/2024	M131386

9. Premises Address (do not use PO Box): 1914 State Rd

10. City	11. State	12. Zip Code
La Crosse	WI	54601

13. County	14. Governing Municipality: ☑ City ☐ Town ☐ Village	15. Aldermanic District
LaCrosse	of: La Crosse	

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)
☑ Cigarettes ☑ Tobacco Products ☑ Electronic Vaping Devices

2. How will cigarettes, tobacco, and/or electronic vaping devices be sold? (check all that apply)
☑ Over the counter ☐ Vending machine

3. Is the applicant business owned by another business entity? ☐ Yes ☑ 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	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
[signature]	4/13/26

Name (Last, First, M.I.): Chiraghdin Inderyas

Title	Phone
Owner/Manager	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