

Cigarette, Tobacco, and Electronic Vaping Device
Appointment of Agent

Date

Agent Type (check one): ☐ Original ☐ Change

Part A: Agent Information

1. Last Name	2. First Name	3. M.I.
4. Email	5. Phone	
6. Home Address		
7. City	8. State	9. Zip Code
10. Date of Birth	11. Drivers License/State ID Number	12. Drivers License/State ID State of Issuance

Part B: Questions

1. Have you completed Form CTV-101, *Cigarette, Tobacco, and Electronic Vaping Device - Individual Questionnaire*? Submit a completed Form CTV-101 with this form. ☐ Yes ☐ No

2. If this is a change of agent, please describe the reason for the agent change. Attach additional sheets if necessary.

Part C: Business Information

1. Legal Business Name (individual name if sole proprietor)		
2. Business Trade Name or DBA		
3. Entity Type (check one) ☐ Limited Liability Company ☐ Corporation		
4. Premises Address		
5. City	6. State	7. Zip Code

Part D: Attestations

READ CAREFULLY BEFORE SIGNING: I, the **Licensee or Permittee**, 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 or Permittee (officer, member, or authorized signatory)	Date
Name of Person Signing	Title

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

Form CTV-102 Instructions

Appointment of Agent

Who must complete Form CTV-102?

Corporations and limited liability companies (LLCs) must appoint an agent that takes responsibility for the licensed or permitted premises where business activities relative to cigarettes, tobacco products, and/or electronic vaping devices are conducted.

Where do I submit Form CTV-102?

Submit this form with your application for a retail license (CTV-100) or a permit (CTV-200), or submit it separately to report a change in appointed agent.

- For retail licenses, submit this form to the clerk of the municipality in which the applicant business is located.
- For permits, submit this form to the Department of Revenue at the mailing address shown below.

Specific Instructions

Date:

Date you are preparing this form using the format MM/DD/YYYY.

Agent Type:

Select original appointment if you are appointing an agent with your license or permit application (Form CTV-100 or CTV-200). Select change if you are reporting a change of agent.

Part A: Agent Information

Provide all requested personal information for the appointed individual.

Part B: Agent Questions

- These questions should be answered by the appointed individual.
- Question 1: Submit a completed Form CTV-101, *Individual Questionnaire*, with this form.
- Question 2: Describe the reason why the business entity must appoint a new agent.
 - Examples include: the previous agent is no longer an employee of the entity, the previous agent is no longer eligible to be an agent of the premises, the previous agent was not responsive to business needs.

Part C: Business Information

- Box 1: Enter the legal business 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 in 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) or match the name on the issued license or permit if reporting a change of agent.

Part D: Attestations

- An authorized representative of the licensee or permittee should read the first attestation carefully and sign to acknowledge the appointment of this agent.
- If the business in Part C is a corporation, the attestation must be signed by an authorized corporate officer or director.
- If the business in Part C is an LLC, the attestation must be signed by an authorized LLC member (i.e., managing member).
- The agent should read the second attestation carefully and sign to accept the appointment.
- An authorized representative of the licensee or permittee may appoint themselves as the agent by signing both attestation sections.

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 information below.

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

Email: DORExcise@wisconsin.gov

Telephone: (608) 264-4248

Write: Wisconsin Department of Revenue
Excise Tax Unit
P.O. Box 8900
Madison, WI 53708-8900

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