

TOBACCO RETAILING PERMIT APPLICATION

Please print in black ink or type

APPLICANT INFORMATION

NAME		HOME TELEPHONE NO.	
HOME ADDRESS	CITY	STATE, ZIP CODE	
DRIVER'S LICENSE NO.		SOCIAL SECURITY NO.	

BUSINESS INFORMATION

BUSINESS NAME		BUSINESS TELEPHONE NO.	
BUSINESS ADDRESS	CITY	STATE, ZIP CODE	
TYPE OF ORGANIZATION <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation			

IF OTHER THAN INDIVIDUAL, LIST THE NAMES AND ADDRESSES OF ALL PARTNERS

NAME	ADDRESS	CITY	STATE, ZIP CODE

LIST THE NAMES AND ADDRESSES OF THREE REFERENCES NOT RELATED TO YOU BY BLOOD

NAME	ADDRESS	CITY	STATE, ZIP CODE

I DECLARE UNDER PENALTY OF MAKING A FALSE STATEMENT THAT THIS APPLICATION IS MADE BY ME, THAT I AM AUTHORIZED TO MAKE THIS APPLICATION AND THAT TO THE BEST OF MY KNOWLEDGE IT IS TRUE, CORRECT, AND COMPLETE STATEMENT.

APPLICANT SIGNATURE	APPLICANT NAME (PRINT)	DATE
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