

**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
---------------------	------------------------	------