

**TOBACCO RETAILING PERMIT RENEWAL APPLICATION**

*Application Due Date December 31,*

**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
NAME	ADDRESS	CITY	STATE, ZIP CODE
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
NAME	ADDRESS	CITY	STATE, ZIP CODE
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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