



LICENSE APPLICATION TOBACCO AND TOBACCO PRODUCTS

License Fee: \$50.00 per year

This is an application to sell tobacco and tobacco products at retail in the City of Pequot Lakes, for the term of one year beginning July 1, 2014 and ending June 30, 2015.

1. Full name of applicant _____
First Middle Last Maiden
2. Applicant's residential address: _____
3. Applicant's phone number: _____
4. Name of business: _____
5. Address of business: _____
6. Phone number of business: _____
7. Area where tobacco products will be sold: _____

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8. Has the applicant been convicted within the past five years of any violation of a federal, state, or local law, ordinance provision, or other regulation relating to tobacco or tobacco products, or tobacco related devices? Yes _____ No _____

If yes, explain: _____

(Please Complete Application on Back Side of this Page)→

9. Social Security Number of Applicant: _____

10. Licensee's MN Sales and Use Tax ID #: _____

11. Licensee's Federal Tax ID #: _____

The applicant states and represents the following:

- 1) That said applicant shall make this application pursuant and subject to all the laws of the State of Minnesota and the ordinances and regulations for the City of Pequot Lakes applicable thereto, and that applicant agrees to observe and obey the same.

Applicant's Signature

Date

Checks may be made payable to: THE CITY OF PEQUOT LAKES
Mailing Address: 4638 County Road 11, Pequot Lakes, MN 56472

Questions regarding this application may be addressed to the City Clerk at 218-568-5222.

(FOR OFFICE USE)

NEW LICENSE _____ RENEWAL _____

LICENSE FEE PAID _____ DATE _____

LICENSE GRANTED BY THE CITY COUNCIL ON _____

CITY CLERK _____