



APPLICATION FOR LICENSE TO SELL TOBACCO PRODUCTS

ALL SECTIONS MUST BE COMPLETED AND PRINTED LEGIBLY FOR PROCESSING.

Name of Business: _____

Name of Owner(s): _____

Name of Manager(s): _____

Location Address: _____

Mailing Address: _____

Phone Number: _____

Tax ID#: _____

IF TOBACCO SALES WILL BE THROUGH VENDING MACHINES, COMPLETE THE FOLLOWING INFORMATION:

Name and address of business in which machine # 1 is located:

Name and address of business in which machine # 2 is located:

Name and address of business in which machine # 3 is located:

Name and address of business in which machine # 4 is located:

I hereby acknowledge receipt of a copy of the ordinance(s) regarding the sale of tobacco products. All employees of the business being licensed have been informed of the requirements. I understand that failure to comply with the ordinance(s) may result in revocation of this license and prosecution through the Municipal Court of Baldwin City as set out in Section 1011. A fee of \$25.00 accompanies this application.

Signature

Date

* Submit completed application to the office of the City Clerk