

VILLAGE PRESIDENT

P. Sean Michels

VILLAGE ADMINISTRATOR

Brent M. Eichelberger

VILLAGE CLERK

Cynthia Galbreath



VILLAGE TRUSTEES

Robert Bohler
Kevin Geary
Sean Herron
Mari Johnson
Rick Montalto
David Paluch

APPLICATION FOR A RETAIL TOBACCO RETAILER'S LICENSE

I, We hereby make application for a retail permit to sell tobacco:

BUSINESS INFORMATION

Name of Business/DBA:

Location Address:

Mailing Address:

Telephone Number: _____ Fax Number: _____ Email _____

Types of Sales: Vending Machines Over the Counter

Type of Retail Establishment:

Hotel/Motel
Liquor Store
Restaurant

Grocery
Gas Station
Bar

Convenience with gas
Convenience – No Gas

Other
Tobacco Store
Department Store

LEGAL OWNER INFORMATION (Type of Ownership):

Individual Partnership Corporation LLC LLP

Legal Owner:

(Name of Individual, Partnership, Corporation, LLC or LLP)

Mailing Address

Telephone Number: _____ Fax Number: _____

If application is approved and permit granted, I/we do hereby bind ourselves to a faithful observance of the law governing the sale of tobacco.

Signature of Owner, Partner(s) or Corporate Official

Name (please print): _____

Signature: _____

Date: _____

Name (please print): _____

Signature: _____

Date: _____

FOR OFFICE USE ONLY

Date Paid: _____

Date Issued : _____

Permit #: _____

New Renewal