



**CITY OF WAHPETON**

1900 4<sup>th</sup> Street North · PO Box 490 · Wahpeton, ND 58074 · Phone 701-642-8448 · Fax 701-642-1428

**TOBACCO LICENSE APPLICATION**

effective January 1 through December 31

Application Type:  New  Renewal State Permit Number: \_\_\_\_\_

1. The building, including street address, for which the license is sought:

Name of Building	Street Address		
City, State, Zip	Phone Number		

2. Business Name of the Person or Organization to hold the license:

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City	State	Zip Code	
Telephone Number	Fax Number	E-Mail Address	

4. The name, address and telephone number of the person responsible for the premise for which the license is issued: (If same as #2 check here \_\_\_\_\_)

Name of Person	Street Address		
City, State, Zip	Phone Number		

I do hereby make application to sell tobacco products at the location described above and agree to abide by all provisions set forth in Ordinance of the City of Wahpeton, North Dakota.

**License may not be sold, transferred or assigned except by the City Council.**

I certify that: the information in this application is true, correct, and complete to the best of my knowledge; a disclosure statement is not required; and, that if this permit is approved, I will comply with the City of Wahpeton ordinances, laws and rules, the conditions noted above.

Print Name	Date
Signature	

**(For City Use Only)**

Date Application Received \_\_\_\_\_ Date License Granted \_\_\_\_\_

Date Application Denied \_\_\_\_\_

Reason for Denial \_\_\_\_\_