

# 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<sup>st</sup> through December 31<sup>st</sup>

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

The building, including street address, for which the license is sought:			
Name of Building		Street Address	
City, State, Zip		Phone Number	
Business Name of the Person or Organization to hold the license:			
Contact Person			
Address		City	State
		Zip Code	
Telephone Number		E-Mail Address	
The name, address and telephone number of the person responsible for the premise for which the license is issued: (If same as above 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	

**A copy of your state of ND tobacco license needs to be attached along with a copy of your Sales & Use Permit issued by ND Tax Commissioner.**

(For City Use Only)			
Date Application Received _____			Date License Granted _____
Copy of State Tobacco License Received	Yes	No	
Copy of ND State Sales & Use Permit issued by ND Tax Commissioner	Yes	No	
City License Number _____			Date Application Denied _____
Reason for Denial _____			