



**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:

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Name of Building \_\_\_\_\_ Street Address \_\_\_\_\_

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City, State, Zip \_\_\_\_\_ Phone Number \_\_\_\_\_

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

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

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Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_ E-Mail Address \_\_\_\_\_

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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 )

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Name of Person \_\_\_\_\_ Street Address \_\_\_\_\_

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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.

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Print Name \_\_\_\_\_ Date \_\_\_\_\_

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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 \_\_\_\_\_

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