

APPLICATION FOR RETAIL CIGARETTE DEALER'S LICENSE

(Please Return both Copies to the Office of the County Auditor)

OR THE PERIOD FROM	( · · · · · · · · · · · · · · · · · · ·	TC	)			
O THE AUDITOR OF	COUNT	Y DATE				
AXING DISTRICT		_		FEE		
	applicant herein has paid the requests a license to sell cigarettes				usiness	
. Name of Dealer				Account No		
Check whether Dealer opera	Partnership Corpo	oration	Fiduciary [	Association		mber.
List below the titles, names	and addresses of all corporate o	micers, associatio	n officers of partne	∌r\$.		
FIITLE Name	STREET		CITY	, 5	STATE	ZIP
TITLE Name	STREET		CITY	,	STATE	ZIP
TITLE Name	STREET	· · · · · · · · · · · · · · · · · · ·	CITY	, 8	STATE	ZIP
TITLE Name		FICERS TO BE LISTED O	CITY N SEPARATE SHEET AND		BTATE	ZIP
Trade Name (if other than at Sales Tax Vendor License N						
Federal Employer Identificat	tion Number or if name			1		
assigned for reporting Feder your Social Security No.		FEIN	SOCIALS	SECURITY I	NO.	
Place of Business: (The licens	se fee must be <u>paid</u> for each busine	ess location listed.)				
STREET	CITY	STATE	ZIP	License No. (Filled in by County)		nse Fee by County)
E-mail address:						
Residence Address of Deale	er or Home Office of Corporation	:				
STREET  I declare under penalties of p true, correct and complete re	CITY erjury that the above statements ha	ave been examined	l by me and to the b	STATE est of my knowled	zii ige and be	
,						
SIGNATURE OF	DEALER OR OFFICER OF COMPANY		T	TELEPHONE NUMBER		

ALL QUESTIONS ON THIS APPLICATION SHOULD BE FULLY ANSWERED BEFORE THE LICENSES REQUESTED HEREON ARE ISSUED. FOR FURTHER LICENSE INFORMATION, SEE ATTACHMENT.