



CITY OF COLUMBIA
APPLICATION FOR TOBACCO RETAILER LICENSE

LICENSE YEAR: JULY 1 - JUNE 30

business.license@como.gov

P.O. Box 6015, Columbia, MO 65205, 573-874-7378 or 573-874-7549

Applicant's Name _____

DBA Business Name _____ Phone _____

Business Address _____
Street City State Zip

Applying as a _____ Sole Owner _____ Corporation _____ Limited Liability Co. _____ Partnership

1. What is the business type? _____ Wholesale Dealer _____ Retail Dealer

2. Will the business be selling cigarettes from vending machines: _____ Yes _____ No

If YES, how many vending machines? _____

3. Owner's Name _____ Mobile Phone _____

Email address _____ Work Phone _____

Name and address of Designated Agent (or person who can act on owner's behalf)

Email address _____ Mobile Phone _____

If your business is a CORPORATION, please complete this section:

4. Name of Corporation _____

State of Incorporation _____ Date of Incorporation _____

List names and addresses of officers, directors and stockholders who hold 10% or more of the capital stock:

List name and address of the managing officer/employee who will be actively engaged in the control and management of the premises for which the license is sought:

If your business is a LIMITED LIABILITY COMPANY, please complete this section:

5. Name of Limited Liability Company _____

State of Organization _____ Date of Organization _____

List names and addresses of officers, directors and stockholders who hold 10% or more of the capital stock:

List name and address of the managing officer/employee who will be actively engaged in the control and management of the premises for which the license is sought:

If your business is a PARTNERSHIP, please complete this section:

6. List names of all partners:

List the name and address of the managing officer/employee who will be actively engaged in the control and management of the premises for which the license is sought:

I affirm that neither the applicant nor the agent of the applicant has been found to have violated any of the requirements of Chapter 11, Article X, of the City Code of Ordinances within the previous five (5) years.

I affirm that I will inform the Business Services Manager, in writing, of any changes in the information submitted on this application within thirty (30) days of such change as required under Section 11-312© of the City Code of Ordinances.

Pursuant to Section 11-318 of the City Code, the City shall have the right to enter and inspect the areas of the tobacco retailer premises which are open to the public or utilized by customers for the purposes of ensuring compliance with the regulations. The City may enter and inspect non-public areas, provided that any such entry and inspection shall be conducted in a reasonable manner whenever there is reason to suspect a violation of any of the provisions of the tobacco retailer regulations and licensing requirements.

I have familiarized myself with the provisions of Chapter 11, Article X, of the Code of Ordinances of the City of Columbia, MO, and agree to comply with these provisions in the conduct of this business and I will not violate any of the Ordinances of the City, the laws of the State or the laws of the United States in the conduct of the business.

I, _____, being of lawful age and duly sworn upon my oath, declare that I have read the application and fully understand same and that I know the contents thereof and the answers and statements contained therein and the same are true.

Applicant's Signature

Date

OFFICE USE ONLY – DO NOT WRITE IN SPACE BELOW

Application Approved _____ Denied _____

Date

Business Services Manager

Conditions of Issuance _____