



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:

6. List names of all partners:

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.

Date _____

Conditions of Issuance