



LICENSE NUMBER _____

APPLICATION FOR TOBACCO LICENSE

TO THE CITY COUNCIL OF WYOMING, MINNESOTA

THE UNDERSIGNED HEREBY APPLIES FOR A LICENSE TO SELL TOBACCO, TOBACCO PRODUCTS, AND TOBACCO RELATED ITEM AT:

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

BUSINESS PHONE: _____ DATE _____

UNDER CITY OF WYOMING ORDINANCE NUMBER 12-101

I HAVE READ THE ABOVE MENTIONED ORDINANCE, REGARDING LICENSING AND REGULATION THE RETAIL SALE OF TOBACCO, TOBACCO PRODUCTS, AND TOBACCO RELATED ITEMS AND PROVISIONS AND I AGREE TO OBEY ALL THE TERMS, PROVISIONS AND REQUIREMENTS OF SAID ORDINANCE, AND ANY MINNESOTA STATUTES APPLICABLE THERETO.

PRINT APPLICANTS FULL NAME: _____

APPLICANTS PHONE NUMBER _____

APPLICANTS EMAIL ADDRESS _____

PRINT APPLICANTS ADDRESS _____

APPLICANTS BIRTH DATE _____

APPLICANTS SIGNATURE _____

***Please include a copy of your certificate of liability insurance as well as proof of workers compensation.**

REPORTED BY CITY OF WYOMING POLICE DEPARTMENT

THIS IS TO CERTIFY THAT THE APPLICANT AND THE ESTABLISHMENT NAMED HEREIN HAVE NOT BEEN CONVICTED WITHIN THE PAST FIVE YEARS FOR ANY VIOLATION OF LAWS OF THE STATE OF MINNESOTA AND MUNICIPAL OR COUNTY ORDINANCES RELATING TO THE SALE OF TOBACCO EXCEPT FOLLOWS _____

PUBLIC SAFETY DIRECTOR SIGNATURE _____

CITY ADMINISTRATOR SIGNATURE _____