

TOBACCO RETAILER PERMIT APPLICATION

Name of Establishment: _____ Phone: () - _____
(this name will appear on the license)

Establishment Type: General Tobacco Retailer Specialty Tobacco Shop

State License Number: _____

Physical Address: _____ UT
City State Zip

Mailing Address: _____
City State Zip

Same as Physical Address Use Business Owner Address

E-mail Address: _____

Owner Name: _____ Phone: () - _____

Owner Address: _____
City State Zip

Same as Physical Address Use Business Owner Address

I HEREBY CERTIFY ALL INFORMATION CONTAINED IN THIS APPLICATION IS CORRECT

Signature of Applicant: _____ Date: _____