

620 S. 400 East #400, ST. GEORGE, UT 84770 - 435-673-3528
260 E. D.L. Sargent Drive, CEDAR CITY, UT 84721 - 435-586-2437
445 North Main Street, KANAB, UT 84741 - 435-644-2537
PO Box 374, 601 East Center, PANGUITCH, UT 84791 - 435-676-8800
PO Box G, 75 West 1175 North, BEAVER, UT 84713 - 435-438-2482

TOBACCO RETAILER PERMIT APPLICATION

Name of Establishment:		Phone	: ()	-
	(this name will appear on the lice	nse)		
Establishment Type:	General Tobacco Retailer	Specialty Tobacco	Shop	
State License Number:				
Physical Address:			UT	
		City	State	Zip
Mailing Address:				
Same as Physical Address Use	Business Owner Address	City	State	Zip
E-mail Address:				
Owner Name:		Phone: () -		
Owner Address:				
Same as Physical Address Use	Business Owner Address	City	State	Zip
I HEREBY CERTIFY	ALL INFORMATION CONTAINED IN TH	IS APPLICATION IS	CORRECT	
Signature of Applicant:		Date:		