

RETAILER LICENSING IMPLEMENTATION

If your community has passed a retailer licensing policy, this **application** can be customized according to your local retailer licensing law and provided to the appropriate city staff member (e.g. city clerk) to support implementation of the law.

How to use this tool:

- Download the pdf and save on your computer.
- Reach out to TA at the Colorado School of Public Health for support in customizing this tool. Contact them at: **tracy.doyle@ucdenver.edu** or **303.724.4236**
- Have these things ready:
 - a. Your city/county logo
 - b. The policy language
 - c. Contact information

The Colorado School of Public Health is available to support you as you work through implementation of this new policy.



COLORADO
Department of Public
Health & Environment

If you have technical issues with this document, please contact: TA@SE2Communications.com

TOBACCO RETAILER LICENSE

Submittal Requirements & Processing Information

Owner Name _____

Establishment Name _____

Establishment Address _____

City _____ State _____ Zip _____

Business Mailing Address _____
(if different from establishment address)

City _____ State _____ Zip _____

Business Phone _____

Emergency Phone _____

Business Email _____

Website _____

State Sales Tax License No. _____

FEIN No. _____
(for licensed premises)

Name of on-site manager _____

Oath of Application



Required for the Tobacco Retailer License application:

- **Completed license application;**
- **Fees**
New License

(initial application fee of
Renewal License

in cash or checks
payable to the City of

- **Submit** complete application and applicable fees to the

Authorized Signature

Printed Name

Date