

# 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.



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