



TOBACCO PRODUCT RETAIL LICENSE APPLICATION

(Applicant is defined as the full legal name of individual /business entity that would hold license)

Applicant Name: _____ Trade Name (dba): _____

Applicant Contact Name (PRINT): _____ Phone #: _____

Address of Premises: _____ Business Email: _____

Mailing Address: _____ City/State/Zip: _____

State Sales Tax License #: _____ FEIN #: _____

On-Site Manager Information: _____

Name (PRINT): _____ Phone #: _____

Any business or individual offering tobacco retail products for sale in the City of Salida MUST comply and agree with the following requirements (initial each one below):

_____ Tobacco Product Retailer License must be renewed annually, no later than 30 days prior to expiration

_____ License must be prominently displayed in a publicly visible location at the premises

_____ Requirement for minimum legal sale age (21) for the purchase of retail tobacco products must be prominently displayed in the entrance (or other clearly visible location) of the premises

_____ Licensees must stock and display all tobacco retail products so as to make all such products inaccessible to customers without the assistance of a retail clerk, thereby requiring a direct face-to-face exchange of the tobacco product from an employee of the business to the customer

_____ No person engaged in tobacco product retailing shall sell or transfer a tobacco product to another person who appears to be under forty (40) years of age without first examining the identification of the recipient to confirm that the recipient is at least twenty-one (21) years of age

_____ A Tobacco Product Retailer is subject to applicable penalties, as described in Salida Municipal Code 6-7-100

_____ A Tobacco Product Retail License may be suspended or revoked, pursuant to Salida Municipal Code 6-7-90

***There will be no license fee for the year 2023. City reserves the right to establish a new or renewal license fee in its 2024 Fee Schedule**

Oath of Applicant

I declare under penalty of perjury in the second degree that this application and all attachments are true, correct, and complete to the best of my knowledge and belief. I also acknowledge that it is my responsibility and the responsibility of my agents and employees to comply with all the provisions and requirements of the Salida Municipal Code, and all Rules and Regulations which govern my Tobacco Product Retail License.

Printed Name and Title

Date

Authorized Signature