



TOBACCO RETAILER PERMIT APPLICATION

Office use only New BLA: _____ Previous assigned BLA: _____

SERVICE REQUESTED

New Business Change of Ownership Change of Business Name previous business name _____

Opening Date: other: please specify _____

***ATTN: FINAL APPROVAL TO OPEN AND OPERATE MUST BE GRANTED BY THIS DEPARTMENT IN WRITING PRIOR TO OPENING DATE**

OWNER #1 INFORMATION:	OWNER #2 INFORMATION (if applicable):
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Name: _____	Name: _____
Address: _____	Address: _____
City/St/Zip: _____	City/St/Zip: _____
Phone #: _____ Alt. # _____	Phone #: _____ Alt. # _____
Email Address: _____	Email Address: _____

FACILITY INFORMATION:	SEND ANNUAL HEALTH PERMIT BILL TO:
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Facility Name: _____	<input type="checkbox"/> Owner 1 Address	<input type="checkbox"/> Owner 2 Address
Facility Address: _____	<input type="checkbox"/> Facility Address	<input type="checkbox"/> *Other - please specify below
City/St/Zip: _____	* _____	
Phone Number: _____	Business Email Address: _____	

By signing below, the owner or authorized representative agrees to operate in accordance with all applicable state and local regulations, laws, and procedures needed to ensure compliance. Notify Environmental Health in writing if business closes or change of ownership occurs. HEALTH PERMITS ARE NON-TRANSFERABLE. For plan review applications, the owner information will be used for all the health permit issuance unless our office is notified with updated information.

ATTN: SUBMITTAL OF THIS APPLICATION DOES NOT CONSTITUTE PERMIT APPROVAL.

Print Owner/Representative 1: _____	Signature: <input style="width: 100%; height: 25px;" type="text"/>	Date: <input style="width: 60%; height: 25px;" type="text"/>
Print Owner/Representative 2: _____	Signature: <input style="width: 100%; height: 25px;" type="text"/>	Date: <input style="width: 60%; height: 25px;" type="text"/>