



Permit # _____

Issued Date: _____

316 Highway 10 S, Motley, MN 56466 • www.cityofmotley.com

Phone: 218-352-6200 • Fax: 218-352-6092

APPLICATION FOR LICENSE TO SELL TOBACCO, TOBACCO PRODUCTS, OR RELATED DEVICES

Type of license application:

_____ New _____ Renewal _____ Transfer

SECTION I. Licensee information (owner/officer of corporation or business)

Name: _____
Last First Middle Date of Birth *

Title: _____ Social Security Number: _____ - _____

Physical Address: _____

Mailing Address (if different): _____

Home Phone: _____ Work Phone: _____ Fax: _____

E-Mail Address: _____

**This information is needed for background check of licensee.*

SECTION II. Business information for premises where licensee will sell tobacco products, etc.

Business Name: _____

Physical Address: _____

Mailing Address (if different): _____

Phone: _____ MN Tax ID Number: _____

SECTION III. In order to obtain a license to sell tobacco, tobacco products, or tobacco related devices; the following questions must be answered:

A. Is licensee 21 years of age or older? _____ Yes _____ No

A. In the last five years, has the licensee been convicted of any violation of Federal, State, or local law or ordinance relating to tobacco, tobacco products or tobacco related devices?

_____ Yes _____ No

A. In the twelve months preceding the date of this application, has the licensee had a license revoked to sell tobacco, tobacco products or tobacco related devices?

_____ Yes _____ No

I hereby certify that the above information is true, and that there is no reason under Federal, State, or local law or ordinance, which would prohibit me from holding a license to sell tetrahydrocannabinol, tetrahydrocannabinol products, or tetrahydrocannabinol related devices.

I certify that I have reviewed and understand all regulations adopted in Ordinance #206.

Applicant Signature

Date