



## BUSINESS INFORMATION

Business/Corporate Name		Phone No.	
Business Address	City	State	Zip
Doing Business As		MN State Tax ID#	
Official Mailing Address	City	State	Zip
Owner/Officer of Business		Phone No.	
Email			
Name of Contact at Business			

**I, the undersigned, being a duly authorized representative of the business listed above, hereby apply to the City of Savage, for the following:**

- A license to sell cigarettes and tobacco products (April 1 - March 31) via clerk assistance. **Fee is \$600.**
- A license to sell cigarettes and tobacco products (April 1 - March 31) via machine assistance. By my signature below, I hereby swear that said establishment has acquired and has available age verification technology for use by hired personnel and that said equipment is capable of: a) determining age of customer and b) recording and documenting when and how often the device is put to use. **Fee is \$300.**

**List retail cigarette license(s) previously held** (Corporate licenses need not respond).

License or Permit No.	Business Name	Address	MN Tax ID#

Applicants Name (Printed)	Phone No.
<b>Applicants Signature</b>	<b>Date</b>