

License Fee: <u>\$175.00</u>

Operating Year: \_

## City of Hutchinson Application for License to Sell Tobacco at Retail

Applicant Information			
Applicant Name		Applicant Phone Number	
Applicant Address	City	State	Zip
Business Information			
Business Name	City	Business I State	<b>Phone Number</b> Zip
Address			Zip
Contact:			
Corporate Information (if applicable)			
(			
Corporate Name		Corporate Phone Number	
Corporate Address	City	State	Zip
CEO		License Coordinator	
Checklist			
The following items need to be completed and/or attac	hed in order for the a	application to be pro	ocessed:
Application fee paid in full (check or money order):	yes 🗆 no		
Application completed in full and signed:  ug yes	□ no		
hereby certify that I have completely filled out the entire rue, correct, and accurate.	e above application, t	ogether and that the	e application is
Signature of Applicant			Date
Print Name			Title
NOTE: No application will be forwarded to the City Co. Council meeting, filled out in completion, and fee paymo			
Internal Use Only			
Building: approved Notes:			
E'm Danson 1 D 1 2 1 Notes			
Delice Department Delegation Notice			
City Council approved denied Notes:			