CITY OF VIRGINIA APPLICATION
FOR
TOBACCO LICENSE

FEE: $100.00/PER YEAR License Year Ending December 31, _____

APPLICANT INFORMATION:

_____
First Middle (No Initials) Last

_____
Applicant Address City, State, Zip

_____/____/_____
Applicant Phone Number Applicant Date of Birth

_____ _____
Federal Tax ID No. State Tax ID No

BUSINESS INFORMATION:

_____
Business/Corporation Name

_____
Doing Business As

_____
Applicant Address City, State, Zip

_____
Business Phone Number

OWNER(S) INFORMATION:

_____
First Middle (No Initials) Last

_____
Owner Address

_____/_____/_____
City, State, Zip Owner's Social Security No.

_____
Owner's Telephone Number

_____
First Middle (No Initials) Last

_____
Owner Address

_____/_____/_____
City, State, Zip Owner's Social Security No.

_____
Owner's Telephone Number

PREVIOUS RETAIL CIGARETTE LICENSES HELD

_____
Business Name

_____
Address City, State, Zip

_____ _____
Previous License Number State Tax ID No.

_____
Business Name

_____
Address City, State, Zip

_____ _____
Previous License Number State Tax ID No.

PREVIOUS OWNER(S) INFORMATION:

_____
First Middle (No Initials) Last

_____
Owner Address

_____/_____/_____
City, State, Zip Owner's Social Security No.

_____
First Middle (No Initials) Last

_____
Owner Address

_____/_____/_____
City, State, Zip Owner's Social Security No.

_____ _____
SIGNATURE OF APPLICANT **DATE**

Please return completed application to the *City Clerk's Office, 327 1st Street South, Virginia, MN 55792* Updated 8/02