

NON-CIGARETTE TOBACCO RETAILER LICENSE TRANSFER

A license may be transferred from one person to another so long as the transferee qualifies as a non-cigarette tobacco product retailer and is operating in the same location as the prior licensee.

ADDITIONAL DOCUMENTS REQUIRED WITH APPLICATION

- Proof of Possession of Premise
Deed or lease (lease must cover one year minimum from issue date of license).
- Certificate of Taxes Due

SALES TAX

All prior city sales tax must be paid before the license for a transfer will be approved. Contact the Lakewood Sales Tax Office 303-987-7630.

FEEES REQUIRED FOR TRANSFER APPLICATION

Application Fee	\$100.00
Annual License Fee	\$300.00

When a license has been issued to a spouse, or to general or limited partners, the death of a spouse or partner shall not require the surviving spouse or partner to obtain a new license for the remainder of the term of that license. All rights and privileges granted under the original license shall continue in full force and effect as to such survivors for the balance of the license term.

If you have any questions regarding Non-Cigarette Tobacco Retailer Licensing, please call the City Clerk's Office at 303-987-7080.

NON-CIGARETTE TOBACCO RETAILER LICENSE
TRANSFER APPLICATION

Name of Business: _____

DBA (Doing Business as): _____

Address: _____

Phone: _____ Email: _____

Name of Owner: _____

Address: _____

Phone: _____ Email: _____

Name of On-Site Manager: _____

Address: _____

Phone: _____ Email: _____

24 Hour Emergency Contact:

Name: _____

Home Address: _____

Phone: _____ Email: _____

I certify that the information contained in this Non-Cigarette Tobacco Retailer Application, and all attachments hereto is true and complete and that I am authorized to sign on behalf of the applicant. I am at least 18 years of age and am in compliance with all of the provisions of the Lakewood Municipal Code Chapter 5.06. I understand that any misrepresentation, falsification, or omission may result in the rejection of this application or suspension/revocation of the license.

Applicant Signature

Date

NON-CIGARETTE TOBACCO RETAILER LICENSE
AFFIDAVIT OF TRANSFER

Licensee hereby authorizes the transfer of its Non-Cigarette Tobacco Retailer License to the Applicant, its agent, or a company, corporation, partnership or other business entity to be formed by the Applicant.

Dated this _____ day of _____, 20_____.

Name of Non-Cigarette Tobacco Business & License Number

Owner's Name

Address

Business Phone

email

Seller(s):

Signature

Print Name

Signature

Print Name

Buyer(s):

Signature

Print Name

Signature

Print Name

MUST BE SIGNED IN THE PRESENCE OF A NOTARY:

Affiant's Signature

Subscribed and sworn to before me this _____ day of _____, _____.

Notary Public

Expiration Date

(Notary Seal)

UPDATED AFTER HOURS EMERGENCY CONTACT FORM

Please provide current contact information to help the Lakewood Police Department protect your property in the event of an after-hours emergency at your business. All information is confidential. If you have questions, call 303-987-7540. Mail or fax the completed form to the Lakewood Police Department, Special Investigations Unit, 445 S. Allison Pkwy, Lakewood, CO 80226. Fax: 303-987-7155.

Business Name: _____

If storefront sign is different, please indicate that name here: _____

Exact Business Address (include Unit #): _____

Codes/Passwords: _____

Local Business Phone #: _____

Please circle one: Landline Cell VOIP

Type of Business: _____ Hours of Operation: _____

Alarm Company: _____ Phone: _____

Alarm System (please circle all that apply): Silent Holdup Audible

Please list personnel (who have keys) in the order in which they should be called if someone is needed to respond to an after-hours emergency. List after-hours **LOCAL** numbers, not daytime.

Name: _____ Position: _____

Home Address: _____

Phone: _____ Cell Phone: _____ Pager: _____

Name: _____ Position: _____

Home Address: _____

Phone: _____ Cell Phone: _____ Pager: _____

Name: _____ Position: _____

Home Address: _____

Phone: _____ Cell Phone: _____ Pager: _____

Please provide additional information to help protect your business in case of an after-hours emergency (for example: guard dogs, employees are on-site 24 hours, hazardous materials stored on-site) _____

Signature

Print Name

Date