

NON-CIGARETTE TOBACCO RETAILER LICENSE

It is unlawful for any person to act as a non-cigarette tobacco product retailer in the City of Lakewood without first obtaining and maintaining a valid license pursuant to this Chapter 5.06 of the Lakewood Municipal Code.

ADDITIONAL DOCUMENTS REQUIRED WITH APPLICATION

- Distance affidavit
- Zoning Certificate
- Proof of Possession of Premise
Deed or lease (lease must cover one year minimum from issue date of license)

FEES REQUIRED FOR INITIAL APPLICATION

Application Fee	\$100.00
Annual License Fee	\$300.00

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 APPLICATION

Name of Business: _____

DBA (Doing Business as): _____

Complete Address (City, State, Zip Code): _____

Phone: _____ Email: _____

Name of Owner: _____

Complete Address (City, State, Zip Code): _____

Phone: _____ Email: _____

Name of On-Site Manager: _____

Complete Address (City, State, Zip Code): _____

Phone: _____ Email: _____

24 Hour Emergency Contact:

Name: _____

Complete Home Address (City, State, Zip Code): _____

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





Lakewood
Colorado

**NON-CIGARETTE TOBACCO BUSINESS
SCHOOL DISTANCE REQUIREMENT
AFFIDAVIT**

State of _____)

County of _____)

County of _____)

I, _____

do hereby state and affirm that there is no private daycare, elementary school, middle school or high school located within 500 feet of:

_____ located at

_____ as

measured by a straight line from the nearest point of the property line of the site of the school to the nearest point of the property line of the site of the business premises proposed for licensure.

Applicant's Signature

Subscribed and sworn to before me this ____ day of _____, 20____.

Notary Public

My commission expires: _____.

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