



## NON-CIGARETTE TOBACCO RETAILER LICENSE

### REPORT OF CHANGE

Lakewood Municipal Code Section 5.06.050 (D): Applicants and licensees shall inform the City Clerk in writing of any change in information submitted on an application within 30 calendar days of a change.

Name of Business: \_\_\_\_\_

DBA (Doing Business as): \_\_\_\_\_

Complete Address (City, State, Zip Code): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Owner: \_\_\_\_\_

#### Change in Manager

|                                  |   |
|----------------------------------|---|
| Name of Current on Site Manager: | Complete Address:<br>Phone:<br>Email Address: |
| Name of Previous Manager:        |   |

#### New Business or DBA Name Change

|                                |                           |
|--------------------------------|---------------------------|
| Previous Business or DBA Name: | New Business or DBA Name: |
|--------------------------------|---------------------------|

\*Please supply the Colorado Secretary of State Report of Changes Form.

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

