

## 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 (email [POD@lakewood.org](mailto:POD@lakewood.org) or call 303-987-7571)
- 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
Total Fee Due	\$400.00

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

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

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

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

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

**Mailing Address (if different than business address):**

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

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

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

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

Name of On-Site Manager: \_\_\_\_\_

Complete 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





**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