

**City of Corvallis
Retail Tobacco Sales Application**

This application is for a: **New Outlet** **Renewal** **Change of (circle one): Ownership** **Location**

Store Name: _____ Phone Number: _____

Store Address: _____

Primary Applicant (*Owner or Corporation Name*): _____

This business is a (select one): Sole Proprietorship Partnership Corporation

Primary Applicant Information: Please provide information for the owner(s) if the business is a sole proprietorship or partnership. If the business is part of a corporation, please provide information for at least two corporate officers.

Owner/Corporate Officer:

Co-Owner/Corporate Officer:

Name: _____

Name: _____

Position: _____

Position: _____

Home Address: _____

Home Address: _____

AKA: _____

AKA: _____

Driver's License#: _____

Driver's License#: _____

Date of Birth: _____

Date of Birth: _____

Store Manager Information: Please provide the information requested below for the store manager, if different from the Primary Applicant Information section

Name: _____ Home Address: _____

AKA: _____ Drivers License #: _____ Date of Birth: _____

Tobacco Retailer License Application Fee Schedule

License Classification

City Investigation Fee

- | | |
|--|---------|
| <input type="checkbox"/> Application for new, renewal, or change of ownership or location, if applicant is not a liquor licensee with the City: | \$35.00 |
| <input type="checkbox"/> Application for new, renewal, or change of ownership or location if applicant is a liquor licensee with the City: | \$6.00 |

Ordinance Compliance Verification Statements

(Select the applicable box below)

At the business location referenced above, no self-service tobacco product displays are used. I acknowledge that use of such displays is prohibited by City ordinance. Yes No

At the business location referenced above, access to all tobacco products is restricted to store employees only. Yes No

I acknowledge that the staff at the business location referenced above have been notified that all sales of tobacco products to minors under eighteen (18) years of age are prohibited by City ordinance. Yes No

Owner/Corporate Officer Signature

Date

Owner/Corporate Officer Signature

Date

Investigation Approval:

Police Department

Date

Finance Department

Date

Notification of licensure will be filed in the Finance Department and with the Corvallis Police Department and the Benton County Health Department. Please contact the Finance Department at (541) 766-6990 with any questions or concerns.