

620 S. 400 East #400, ST. GEORGE, UT 84770 - 435-673-3528 260 E. D.L. Sargent Drive, CEDAR CITY, UT 84721 - 435-586-2437 445 North Main Street, KANAB, UT 84741 - 435-644-2537 PO Box 374, 601 East Center, PANGUITCH, UT 84791 - 435-676-8800 PO Box G, 75 West 1175 North, BEAVER, UT 84713 - 435-438-2482

TOBACCO RETAILER PERMIT APPLICATION

Name of Establishment:	Phone:	() -	
(this name will appear on the license)			
Establishment Type: General Tobacco Retailer Specialty Tobacco Shop			
Tobacco Products License Number:			
Physical Address:		UT	
	City	State	Zip
Mailing Address:			
Same as Physical Address Use Business Owner Address	City	State	Zip
E-mail Address:			
Owner Name:	Phone:	() -	
Owner Address:			
Same as Physical Address Use Business Owner Address	City	State	Zip
I HEREBY CERTIFY ALL INFORMATION CONTAINED IN THIS APPLICATION IS CORRECT			
Signature of Applicant:	Date:		