

TOWN OF MITCHELL
APPLICATION FOR LICENSE TO SELL
CIGARETTES & OTHER TOBACCO PRODUCTS

For the licensing beginning July 1st, 2016; ending June 30th, 2017;

TO THE GOVERNING BODY of the Town of Mitchell, County of Sheboygan

I/We hereby apply for a license to sell:

CIGARETTES & OTHER TOBACCO PRODUCTS

I am also applying for a "Class B" license and the name, address, trade name, business phone number, and premise description for the sale of cigarettes and other tobacco products are the same as on that application.

I am not applying for a "Class B" license (please complete the following):

1. Individual Partnership – Please provide your full name(s) and home address(es) below:

2. Coporation Non-profit Organization Limited Liability Company

a. Please provide your full name: _____

b. Please provide your address (if different from licensed premises): _____

3. Trade Name: _____

Address of Premises: _____

Business Phone Number: _____

Premise description (describe building or buildings where cigarettes are to be sold and stored): _____

Please submit this form and the \$10.00 fee to the Town Clerk

To be completed by the Town Clerk:

Date Filed: _____

Date Reported to Town Board: _____

Date Approved: _____

License Number: _____