



## NON-CIGARETTE TOBACCO RETAILER LICENSE TRANSFER

A license may be transferred from one person to another so long as the transferee qualifies as a non-cigarette tobacco product retailer and is operating in the same location as the prior licensee.

### ADDITIONAL DOCUMENTS REQUIRED WITH APPLICATION

- Proof of Possession of Premise  
Deed or lease (lease must cover one year minimum from issue date of license).

### SALES TAX

All prior city sales tax must be paid before the license for a transfer will be approved. Contact the Lakewood Sales Tax Office 303-987-7630.

### FEES REQUIRED FOR TRANSFER APPLICATION

Application Fee	\$100.00
Annual License Fee	\$300.00

When a license has been issued to a spouse, or to general or limited partners, the death of a spouse or partner shall not require the surviving spouse or partner to obtain a new license for the remainder of the term of that license. All rights and privileges granted under the original license shall continue in full force and effect as to such survivors for the balance of the license term.

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  
TRANSFER APPLICATION

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

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

Address: \_\_\_\_\_

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

Mailing Address (if different than business address):

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

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

Address: \_\_\_\_\_

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

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

Address: \_\_\_\_\_

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

480 S. Allison Parkway  
Lakewood CO 80226  
www.lakewood.org

303-987-7080  
303-987-7088 fax  
303-987-7057 TDD



**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