



NON-CIGARETTE TOBACCO RETAILER LICENSE  
REPORT OF CHANGE IN TRADE NAME (DBA)

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

Current Trade Name/DBA (Doing Business as): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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

Previous Trade Name/DBA: \_\_\_\_\_

New Trade Name/DBA: \_\_\_\_\_

\*Provide the Secretary of State documents verifying the name change.

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

