

NON-CIGARETTE TOBACCO RETAILER LICENSE RENEWAL

A licensee shall apply for the renewal of a license and submit the renewal license fee no later than 30 days prior to expiration of the existing term. The City Clerk shall renew the license prior to the end of the term, provided that the renewal application and fee were timely submitted, and the City Clerk is not aware of any fact that would have prevented issuance of the original license.

ADDITIONAL DOCUMENTS REQUIRED WITH APPLICATION

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

FEEES REQUIRED FOR RENEWAL APPLICATION

License Renewal Fee \$300.00

Please make checks payable to "City of Lakewood"

Visa/MasterCard accepted at front counter

If you have any questions regarding Non-Cigarette Tobacco Retailer Licensing, please call the City Clerk's Office.



NON-CIGARETTE TOBACCO RETAILER LICENSE
RENEWAL APPLICATION

Entity Name of Business: _____

DBA (Doing Business as): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Mailing Address (if different than business address):

Address: _____

City: _____ State: _____ Zip Code: _____

Name of Owner: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Name of On-Site Manager: _____

Address: _____

City: _____ State: _____ Zip Code: _____

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

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: _____

Name: _____ Position: _____

Home Address: _____

Phone: _____ Cell Phone: _____

Name: _____ Position: _____

Home Address: _____

Phone: _____ Cell Phone: _____

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