



NON-CIGARETTE TOBACCO RETAILER LICENSE
REPORT OF CHANGE IN MANAGER

Name of Business: _____

DBA (Doing Business as): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Name of Owner: _____

Name of Previous On-Site Manager: _____

Name of New On-Site Manager: _____

Address: _____

City: _____ State: _____ Zip: _____

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

