Date:

Tobacco License Referral

	New License	License Renewal	
Applicant Name		Business Name	
Applicant Address		Business Address	
		Applicant D.O.B.	
Phone Number	er	Signature of Applicant	
1980a 1992 a sangaga a sanga sa sa sa sa sa sa			
Office Use Only			
	APPROVED	NOT APPROVED	
(
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-	DATE	SIGNATURE INSPECTOR/OFFICER	