

City of Minot

Application for the Sale of Tobacco
Minot Code of Ordinances Section 18-67

Office Address: 515 2nd Ave SW
Mailing Address: PO Box 5006
Minot, ND 58702
Email: clerk@minotnd.org
(701) 857 - 4752

APPLICANT INFORMATION:

Applicant Name

Applicant Address (City, State, Zip Code)

License to be Issued to the Following

Address of Premises to be Licensed

Phone Number of Premises to be Licensed

Current North Dakota State Tobacco Product License Number

Has the applicant ever had a license revoked or canceled by any municipal, state, or federal authority? Yes No

If so, date of cancellation:

Place and Authority of Canceling

Reason for Cancellation

LICENSE FEE: \$200.00

The applicant accepts such license when issued, subject to all the conditions of the ordinances of the City of Minot and agrees that the Police Department of the City of Minot may, at any time, enter upon the licensed premises for the purpose of police inspection or to determine whether the business is being conducted in compliance with the ordinances of the City, and hereby waives the issuance of a search warrant or other legal process as a condition to entry upon and inspection of such premises

Signature of Licensee

Date

Title

OFFICE USE ONLY

Receipt Number

Date Received

Amount Received

City License Number

Approved By (Police Department)

Date Approved, if **NOT** approved, please list reasons for disapproval below