

TOBACCO PRODUCTS RETAIL LICENSE APPLICATION

Instructions:

1. Please Print or Type.
2. Answer all questions on the application (*front and back*); incomplete applications cannot be processed and will be returned.
3. Licensee must sign the application. If licensee is a legal entity (Corporation, LLC, etc.) an authorized person must sign for the entity.
4. Return application with the application fee: \$150.00 for each Eugene outlet.

Mail to: City of Eugene, Business License, 99 W. 10th Ave., Eugene, OR 97401

Business Name (dba): _____

Business Location: _____
Street Address Zip Code

Phone: _____

Business Mailing Address: _____
Street Address or PO Box City State Zip Code

Contact person for this application: _____
Name Phone Number

This license will be sent to the business mailing address listed above unless otherwise requested in writing.

*Owner's Name: _____ *Owner's Name: _____

Phone: _____ Phone: _____

Address: _____ Address: _____

City/State/Zip: _____ City/State/Zip: _____

*If the business is part of a corporation, provide information for two corporate officers.

Do you have a store manager? Yes ___ No ___

Manager's Name _____ Home Phone _____

Address _____ City/Zip _____

Please answer all of the following questions:

1. Are all tobacco products on the premises being sold through “vendor-assisted sales”? Yes ____ No ____
2. Where specifically are tobacco products being kept on the premises? _____
3. What type of tobacco regulation education and training will be offered to sales staff?

4. How often do you plan to provide staff education & training sessions? ____
5. Are ID scanners available for staff use when selling tobacco products? Yes ____ No ____

I have read and understand the relevant city code sections and administrative rules which govern tobacco products retails sales. I understand that if my answers are not true and complete, the City of Eugene may deny my license application.

Licensee shall indemnify, defend and hold the City of Eugene, its officers, agents, and employees, harmless from any claims, actions, liability or cost including attorney fees and other costs of defense arising out of or in any way related to licensee’s activities in connection with the sale and distribution of tobacco products.

Applicant’s Signature _____ Date _____

<p>OFFICE USE ONLY</p> <p>Received _____ Fee _____ Late Fee _____</p> <p>Granted _____ Denied _____</p> <p>Reason for Denial _____</p>
