APPLICATION FOR LICENSE TO SELL CIGARETTES, CIGARETTE PAPERS, SNUFF, CIGARS OR TOBACCO IN NORTH DAKOTA

OFFICE OF ATTORNEY GENERAL
LICENSING SECTION
SFN 16687 (Rev. 08-2003)

STATE USE ONLY
License Number:

The undersigned makes application for a license to sell cigarettes, cigarette papers, snuff, cigars, or tobacco.				
1) Name of Applicant: (If corp., LLC, etc., list)				
2) Name of Business:				
3) Business Address: (Where tobacco products will be sold)	City:	State:	Zip Code:	County:
4) Mailing Address: (if different than above)	City:	State:	Zip Code:	County:
5) Business Telephone Number:				
6) Home Telephone Number:				
7) Kind of Business:				
8) Date you intend to begin selling tobacco products:				
9) Are you succeeding another in this business at the same location? ☐ Yes ☐ No				
If Yes, give name of predecessor:				

Signature of Applicant:	Date:
Print name of applicant:	Official Position:

FEES: Retail - $15.00 Wholesale - $25.00

VENDORS LIST NAME OF BUSINESS AND ADDRESS WHERE MACHINES WILL BE LOCATED ON THE REVERSE SIDE OF THIS APPLICATION

RETURN TO: Office of Attorney General
Licensing Section
600 E Boulevard Ave Dept. 125
Bismarck, ND 58505-0040
Telephone: 701-328-2329