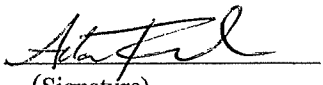


TOBACCO PRODUCTS LICENSE APPLICATION

FEE: \$150.00

Name of Business:	TOBACCO	
Street Address:	3745 Bridge St NW Saint Francis, MN 55070	(Street, City, State, Zip Code)
Mailing Address:	(Street, City, State, Zip Code)	
Email Address:	[REDACTED]	
Name of Owner:	Adam Tel	
Business Phone:	Home Phone:	[REDACTED]
Vendors Name:		
Mailing Address:	3745 Bridge St NW Saint Francis, MN 55070	
Phone:	[REDACTED]	
<p>TOBACCO PRODUCTS MUST BE SOLD BEHIND THE COUNTER.</p> <p>Have you been convicted of a crime relating to the sale of tobacco products or had a license for the sale of tobacco products revoked by any municipality within the last five years? <u>NA</u></p> <p>Have you read the attached ordinance which regulates the sale of tobacco products within the City of St. Francis? <u>YES</u></p> <p>I hereby certify that all the information contained in this application is true and correct. I understand that false information is cause for denial or revocation of license.</p>		
<u>10/25/2023</u> (Date)	 (Signature)	<u>OWNER</u> (Title)

Receipt # _____ Date _____ Amount _____

Sales Tax Form _____ Worker's Comp Form _____

Fire Dept. Insp # _____

Police Dept. _____

License # _____ Council Approved _____