



RETAIL TOBACCO BUSINESS LICENSE APPLICATION

Date Received _____

Approved By _____

New License _____ Renewal _____

LEGAL NAME (CORPORATION, LLC, PARTNERSHIP) _____

TRADE OR BUSINESS NAME (IF DIFFERENT LEGAL NAME) _____

APPLICANT'S COLORADO TAX ID NUMBER: _____

FEDERAL EMPLOYER ID NUMBER _____

ON-SITE BUSINESS MANAGER NAME _____

BUSINESS PHONE NUMBER _____

BUSINESS PHYSICAL ADDRESS _____

CITY _____ STATE _____ ZIP _____ EMAIL _____

BUSINESS MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

PLEASE ANSWER THE FOLLOWING QUESTIONS WITH A "YES" OR "NO" RESPONSE:

1. Does the applicant understand that tobacco products cannot legally be sold in the Town of Keystone (Town) without a Retail Tobacco Business License (License)? _____

2. Does the applicant understand that a License, if approved, must be renewed annually? _____

3. Does the applicant understand that the legal age to purchase tobacco in the Town is 21 years, and a Licensee is required to instruct its employees that selling tobacco products to a person under the age of 21 years is against the law? _____

4. Does the applicant understand that the License must be displayed in a publicly visible location inside the licensed premise (Licensed Premises)? _____

5. Does the applicant understand that the minimum legal sales age to purchase retail tobacco products in the Town (21 years of age) must be prominently displayed in the entrance (or other clearly visible location) of the Licensed Premise? _____

READ CAREFULLY BEFORE SIGNING: UNDER PENALTY PROVIDED BY LAW, THE APPLICANT STATES THAT EACH OF THE ABOVE QUESTIONS HAS BEEN ANSWERED TRUTHFULLY AND TO THE BEST OF THE KNOWLEDGE OF THE APPLICANT. APPLICANT AGREES TO OPERATE THIS BUSINESS ACCORDING TO THE LAW AND THAT THE RIGHTS AND RESPONSIBILITIES CONFERRED TO THE LICENSEE, IF GRANTED, CANNOT BE ASSIGNED TO ANOTHER. FAILURE OR REFUSAL TO ALLOW ACCESS TO ANY PORTION OF A LICENSED PREMISE DURING INSPECTION WILL BE DEEMED A REFUSAL TO PERMIT INSPECTION. SUCH REFUSAL IS GROUNDS FOR REVOCATION OF LICENSE.

SUBMIT THIS APPLICATION FORM WITH APPLICATION FEE TO THE KEYSTONE TOWN CLERK'S OFFICE, 1628 STS. JOHN ROAD, KEYSTONE, COLORADO 80435. QUESTIONS SHOULD BE DIRECTED TO THE CLERK'S OFFICE AT CLERK@KEYSTONECO.GOV

(OFFICER OF CORPORATION/MEMBER/MANAGER OF LLC/PARTNER/INDIVIDUAL)

Date