

CIGARETTE LICENSE APPLICATION
CITY OF GALESVILLE

Applying as:

- Individual
 Partnership
 Limited Liability Company
 Corporation/Non-Profit Corporation

Wisconsin Sellers Permit Number: _____

If applying as individual/partnership:

Individual/Partnership Name _____

Address _____

Name _____

Address _____

Name _____

Address _____

(List any additional partners on a separate sheet of paper)

If applying as corporation/LLC:

Name of Corporation/LLC _____

Corporate Agent _____

Address _____

Business Telephone _____

Trade/Business Name _____

- The undersigned hereby applies for a license to manufacture, sell, exchange, barter, dispose of, or give away, and keep for sale: cigarettes, cigarette paper, cigarette wrappers and any paper made or prepared for the purpose of being filled with tobacco for smoking on said premises. **Please indicate whether sales will be:**

Over the counter Vending Machine Both

Galesville Location Name and Address: _____

Local Agent (i.e., store manager) _____

Cigarette License Fee:

\$5.00 EACH

Total amount due: \$ _____

All applicants agree to comply with and be bound by all the laws, ordinances, rules, regulations and penalties covering the business for which the license(s) is applied. Wisconsin Statutes, Section 134.65(3)(4). All licenses expire on June 30, 2005.

(Date)

(Signature of Applicant)