

Cigarette License Application Village of Adell

Wisconsin Seller's Permit Number _____

Applying As:

____ Individual Name _____
 Address _____
 Business Phone _____

____ Partnership Name _____
 Name _____
 Address _____
 Address _____
 Business Phone _____
 Business Phone _____
 (list any additional partners on a separate piece of paper)

____ Corporation Name of Corporation _____
 Corporate Agent _____
 Address _____
 Business Phone _____
 Trade/Business Name _____

____ LLC Name of Corporation _____
 Corporate Agent _____
 Address _____
 Business Phone _____
 Trade/Business Name _____

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

Over the Counter _____ **Vending Machine** _____ **Both** _____

Said business to be conducted on the following described premises:

_____ Village of Adell business named and address (if different from above)

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. All licenses expire on **June 30, 2007**.

Date _____

Signature of Applicant(s)