

2013 - 2016

**TOBACCO DEALER'S LICENSE APPLICATION**

In accordance with the provisions of Chapter 10, Article III of the Code of Ordinance of the City of Warwick, you are required to submit this application to the Board of Public Safety. If the Tobacco Dealer's license is to be in the name of a corporation, partnership, or other organization, you are required to provide the name and address of your Agent of Service. If your Agent of Service changes during the duration of the license, you are required to notify the Licensing Division immediately.

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Corporate Name: \_\_\_\_\_

Doing Business As: \_\_\_\_\_

Address of Business: \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Nr. \_\_\_\_\_

Agent of Service: \_\_\_\_\_

***Note: Agent of Service is the individual responsible to appear in court in the event a tobacco violation is issued.***

If this is a renewal: Has the license holder or any employee of said business had a tobacco sales or advertising violation within the past 36 months? Yes \_\_\_\_\_ No \_\_\_\_\_

**Please Provide Your Email Address:** \_\_\_\_\_

I hereby state that the above information is true and accurate to the best of my knowledge.

Applicant Name/Position \_\_\_\_\_

RI Tobacco Dealer's License # \_\_\_\_\_ Exp Date \_\_\_\_\_  
**(Attach Copy of license)**

**Should your business close for any reason, your license must be surrendered to the Licensing Division**