

## NON-CIGARETTE TOBACCO RETAILER LICENSE RENEWAL

A licensee shall apply for the renewal of a license and submit the renewal license fee no later than 30 days prior to expiration of the existing term. The City Clerk shall renew the license prior to the end of the term, provided that the renewal application and fee were timely submitted, and the City Clerk is not aware of any fact that would have prevented issuance of the original license.

### ADDITIONAL DOCUMENTS REQUIRED WITH RENEWAL APPLICATION

- Proof of Possession of Premise  
New lease (if applicable)

### SALES TAX

All prior city sales tax must be paid before the license for a renewal will be approved. Contact the Lakewood Sales Tax Office 303-987-7630.

### FEES REQUIRED FOR RENEWAL APPLICATION

License Renewal Fee      \$300.00

**Please make checks payable to "City of Lakewood"**

If you have any questions regarding Non-Cigarette Tobacco Retailer Licensing, please call the City Clerk's Office at 303-987-7080.



NON-CIGARETTE TOBACCO RETAILER LICENSE  
RENEWAL APPLICATION

Entity Name of Business: \_\_\_\_\_

DBA (Doing Business as): \_\_\_\_\_

Complete Address (City, State, Zip Code): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Mailing Address (if different than business address):**

Complete Address (City, State, Zip Code): \_\_\_\_\_

Name of Owner: \_\_\_\_\_

Complete Address (City, State, Zip Code): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name of On-Site Manager: \_\_\_\_\_

Complete Address (City, State, Zip Code): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I certify that the information contained in this Non-Cigarette Tobacco Retailer Application, and all attachments hereto is true and complete and that I am authorized to sign on behalf of the applicant. I am at least 18 years of age and am in compliance with all of the provisions of the Lakewood Municipal Code Chapter 5.06. I understand that any misrepresentation, falsification, or omission may result in the rejection of this application or suspension/revocation of the license.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date



## UPDATED AFTER HOURS EMERGENCY CONTACT FORM

Please provide current contact information to help the Lakewood Police Department protect your property in the event of an after-hours emergency at your business. All information is confidential. If you have questions, call 303-987-7540. Mail or fax the completed form to the Lakewood Police Department, Special Investigations Unit, 445 S. Allison Pkwy, Lakewood, CO 80226. Fax: 303-987-7155.

Business Name: \_\_\_\_\_

If storefront sign is different, please indicate that name here: \_\_\_\_\_

Exact Business Address (include Unit #): \_\_\_\_\_

Codes/Passwords: \_\_\_\_\_

Local Business Phone #: \_\_\_\_\_

Please circle one:      Landline                      Cell                      VOIP

Type of Business: \_\_\_\_\_ Hours of Operation: \_\_\_\_\_

Alarm Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Alarm System (please circle all that apply):      Silent              Holdup              Audible

Please list personnel (who have keys) in the order in which they should be called if someone is needed to respond to an after-hours emergency. List after-hours **LOCAL** numbers, not daytime.

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Pager: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Pager: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Pager: \_\_\_\_\_

Please provide additional information to help protect your business in case of an after-hours emergency (for example: guard dogs, employees are on-site 24 hours, hazardous materials stored on-site) \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date