



# Tobacco Retailer's License Application

Lane County Ordinance No. 14-19 (LC 9.752 to 9.774)

Establishment ID \_\_\_\_\_ Owner ID \_\_\_\_\_

DO NOT WRITE IN THE SPACE ABOVE

This Application is for:  New License  Annual Renewal  Change of Ownership  I do not sell Tobacco Products

### **Business Information**

Business Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Business Mailing Address: \_\_\_\_\_

Manager's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Manager's Mailing Address: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Have all employees been trained in the applicable laws regarding tobacco retail? Yes \_\_\_\_\_ No \_\_\_\_\_

### **Owner Information**

(List the name, phone number and address of each Proprietor. If licensee is a legal entity (Corporation, LLC, etc.) an authorized person must sign for the entity.)

#1 Owner Name/Authorized Agent \_\_\_\_\_ Address: \_\_\_\_\_

#1 Owner Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

#2 Owner Name/Authorized Agent \_\_\_\_\_ Address: \_\_\_\_\_

#2 Owner Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**Signature of Applicant**

**Date**

**ANNUAL TOBACCO LICENSE FEE - \$200.00** (Payable upon receipt)

Make Check Payable to :

Lane County Environmental Health  
151 W. 7<sup>th</sup> Ave., Ste. 430  
Eugene, OR 97401

**Office Use Only**

Fee received \_\_\_\_\_ Receipt # \_\_\_\_\_ Date \_\_\_\_\_

**Complete, sign and mail this application with the appropriate fees. Thank you.**