



Marquette County Health Department

TOBACCO RETAILER LICENSE APPLICATION

Business Name _____ **Phone** _____

Business Address _____

Business Mailing Address _____ **Zip Code** _____

Applicant Name _____

Sole Ownership
 Over-the-Counter Sales

Partnership/Corporation

If applicant checked Sole Owner, please fill out the following information:

Home Address	Home Phone
	Place of Birth

If applicant checked Partnership/Corporation, please fill out the following information:

Name of Corporation:		
Partners/Officers: Name(s)	Address:	Phone:

Applicant Signature **Date**

FEES	<i>Return this form and your check payable to:</i> Marquette County Health Department Community Outreach Division 184 US Highway 41 E. Negaunee, MI 49866	
DUE DATE:		LICENSE EXPIRES:
AMOUNT DUE: \$15.00 <i>(per sales location)</i>		
<i>FOR OFFICE USE ONLY:</i>		
<i>Payment Received: \$ _____ # Locations: _____</i> <i>Receipt #: _____ Date Paid: _____</i>		

For question regarding this application, ordinance or enforcement of the ordinance, call 906-315-2613.