



**CITY OF GRAND FORKS**  
 255 N 4<sup>th</sup> Street, Grand Forks, ND 58203  
 Phone: 701-746-2626 Fax: 701-795-3740

**RETAIL TOBACCO DEALER LICENSE APPLICATION**

BUSINESS INFORMATION:		
Business Name:		License #
Street Address:		
City:	State:	Zip:
Business Phone Number:	Contact Person:	
Email Address:		
OWNER INFORMATION:		
Owner Name:		<small>Check if owner information is the same as business information.</small>
Mailing Address:		
City:	State:	Zip:
Owner Phone Number :	Contact Person:	
Email Address:		

Fees:	
For each location (non-vending machine retail sale)	Number of Locations: \$85
For each vending machine owned and operated by the applicant	Number of Vending Machines: \$25
Total Fee Enclosed	

**Mail completed Application with fee to:**  
 Finance and Administrative Services  
 City of Grand Forks  
 PO Box 5200  
 Grand Forks, ND 58206-5200

License issuance is subject to inspection and approval of the various City Departments. Failure to comply with Grand Forks City Code regulations for this license may result in suspension or revocation of the license. By signing below I agree to abide by the regulations associated with this license.

Signature \_\_\_\_\_

<b>For Office Use Only:</b>	<b>Retail Tobacco Dealer License</b>
Business/Organization:	
Date:	Amount: