



TOBACCO RETAILER LICENSE SUBMITTAL REQUIREMENTS AND PROCESSING INFORMATION

Retail Tobacco Business means a person engaged primarily in the sale, manufacture, or promotion of tobacco, tobacco products, electronic smoking devices or accessories, either at wholesale or retail, and in which the sale, manufacture or promotion of other products is less than twenty-five percent (25%) of gross sales receipts. For purposes of enforcement of Article 14 of the Edgewater Municipal Code, a retail tobacco business shall also include a person engaged primarily in the sale or manufacture of hookah or shisha products and related smoking products, including but not limited to, any plant, or other organic matter packaged for smoking or held out as a smoking product, or any person engaged in the promotion of hookah or shisha smoking, sometimes referred to as a hookah bar, lounge or café.

the City of Edgewater; Total fees: New License: \$200.00 License Renewal: \$175.00 Submit complete application and applicable fees to the City Clerk at 2401 Sheridan Boulevard, Edgewater, CO 80214 Applicant Name: Trade Name of Establishment (doing business as): Applicant Contact Name (please print): Address of Premise Location: Street Address City State Zip Code Business Mailing Address (if different from Premise location): Street Address City State Zip Code Business Phone: Emergency Phone: Business Email Address: Website Address: State Sales Tax License No.: FEIN No.: Name of on-site manager for licensed premises:	☐ New License			☐ License Renewal			
Completed license application; Initial Application fee of \$25.00 and License fee of \$175.00 in cash or checks payable the City of Edgewater; Total fees: New License: \$200.00 License Renewal: \$175.00 Submit complete application and applicable fees to the City Clerk at 2401 Sheridan Boulevard, Edgewater, CO 80214 Applicant Name: Trade Name of Establishment (doing business as): Applicant Contact Name (please print): Address of Premise Location: Street Address City State Zip Code Business Mailing Address (if different from Premise location): Street Address City State Zip Code Business Phone: Emergency Phone: Business Email Address: Website Address: State Sales Tax License No.: FEIN No.: Name of on-site manager for licensed premises:		documents/informati	ion must be subm	itted as part of	the Tobacco Re	tailer License	
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Oath of Application			Oath of A	pplication			
I declare under penalty of perjury in the second degree that this application and all attachments are true, correct, and complete to the best of my knowledge and belief. I also acknowledge that it is my responsibility and the responsibility of my agents and employees to comply with the provisions of the Edgewater Municipal Code and all Rules and Regulations which govern my Tobacco Retailers License. I further acknowledge that it is my responsibility to provide the City with amendments to this application in the event that any information provide herein changes after the date of application.	and complete responsibility all Rules and I responsibility	to the best of my knowl of my agents and emplo Regulations which gove to provide the City with	he second degree the dege and belief. I a bysees to comply with my Tobacco Renaments to the	hat this application also acknowledge th the provisions stailers License.	that it is my resp of the Edgewater I further acknowle	onsibility and the r Municipal Code and edge that it is my	
Authorized Signature Printed Name and Title Date				me and Title		Date	