# CIGARETTE LICENSE APPLICATION
# CITY OF MAYVILLE

**Wisconsin Seller's Permit Number:**
**_____**
**(For questions regarding seller's permit, call 414-227-4444)**

**APPLYING AS:**

☐ **INDIVIDUAL** ☐ **PARTNERSHIP** ☐ **LIMITED LIABILITY COMPANY**

☐ **CORPORATION/NONPROFIT CORPORATION**

**If applying as individual/partnership:**

**INDIVIDUAL/PARTNERSHIP** **NAME** _____
**ADDRESS** _____

**NAME** _____
**ADDRESS** _____

**NAME** _____
**ADDRESS** _____

**(list any additional partners on a separate sheet of paper)**

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**If applying as corporation/LLC:**

**NAME OF CORPORATION/LLC** _____

**CORPORATE AGENT** _____

**ADDRESS** _____

**BUSINESS TELEPHONE** _____

**TRADE/BUSINESS NAME** _____

☐ The undersigned hereby applies for a license to manufacture, sell, exchange, barter, dispose of, or give away, cigarette, cigarette paper, cigarette wrappers and any paper made or prepared for the purpose of being filled with tobacco for smoking on said premises. **Please indicate whether sales will be:**

☐ **Over the counter** ☐ **Vending Machine** ☐ **Both**

| **Mayville Location Name and Address:** | **Local Agent (i.e., store manager)** |
|---|---|
| _____ | _____ |
| _____ | _____ |

**CIGARETTE LICENSE FEE:** **$100.00 EACH** Total amount due: $_____

All applicants agree to comply with and be bound by all the laws, ordinances, rules, regulations and penalties covering the business for which the license(s) is applied. All licenses expire on June 30, 2008.

Date:_____ _____
(Signature of Applicant)

Rev. 4/2008