



Application to Sell Electronic Cigarettes,
E-Cigarettes, and Electronic Smoking Devices.

License Number

PLEASE TYPE OR PRINT LEGIBLY

Name of Applicant (If corporation, LLC, etc., enter legal name)				
Name of Business				
Business Address (Where "E-Cig" products will be sold)	City	State	ZIP Code	County
Mailing Address (if different than above)	City	State	ZIP Code	County
Business Telephone Number		Other Contact Telephone Number		
List a person we may contact with questions regarding the application and related documents.				
Name	Position with Company	Telephone Number	E-mail Address	
Kind of Business				
Intended Beginning date to sell tobacco products				
Are you taking this business over from another? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If Yes, give name of previous owner				
Signature of Applicant			Date	
Print Name of Applicant		Official Position		

All tobacco licenses expire on June 30th of each year.

RETURN TO: City of West Fargo
800 4th AVE E ST #1
Telephone: 701-433-5300
Fax: 701-433-5319

<p>For Licensing Use Only</p>
