



Inspections Department

Building Official

PORT OF OPPORTUNITIES

Application for Sales of Tobacco Products License

City of Benton Harbor

Printed Name of **Company** _____
Address _____
City _____ State _____ Telephone _____
Fed. E.I.N. _____ Db a _____

Attach copies of all applicable State or County Registrations or Licenses held by this business

Printed Name of **Applicant/Agent*** _____ Type of Picture _____
ID _____
Driver License or photo ID Number _____ State Issued _____
Permanent Home Address _____
City _____
State: **MI** * Contact Phone Number _____ Today's Date _____
Applicant/Agent email _____
address _____

An application will be refused if the applicant, agent, or business entity has any unpaid taxes, fees, or penalties with the City of Benton Harbor.

A valid Michigan driver's license, passport, or Michigan issued photo ID must be presented at the time of application. A permanent copy of this form of identification will be retained by the City of Benton Harbor.

I hereby certify that the above information is true and correct. I understand that any false statement may result in refusal to issue the requested license.

Signature _____

Office Use Only Below

Copy of ID Tax Owed Verify State of Michigan License Verified by _____

Information received and verified by _____ Date _____
\$1,000.00 License Fee Paid ___ Yes ___ No ck# _____ \$ 500 Renewal Fee Paid ___ Yes ___ No
ck# _____

Dir. Of Public Safety Approval

Building Official Approval

When signed by both department heads this application becomes the License to sell tobacco products, subject to all other local, state, and federal license requirements and regulations. This license expires at 12:00 a.m. on **January 1, 2017**.

*Applicant or agent must have a valid Michigan street address. Post Office Box is not acceptable.