



# CITY OF PHILOMATH

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[www.ci.philomath.or.us](http://www.ci.philomath.or.us)

## RETAIL TOBACCO SALES APPLICATION

This application is for an:  Original license  Renewal Change of (circle one): Ownership Location

Store Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Store Address: \_\_\_\_\_

Primary Applicant (Owner or Corporation Name): \_\_\_\_\_

This business is a (select one):  Sole proprietorship  Partnership  Corporation

**Primary Applicant Information:** Please provide information for the owner(s) if the business is a sole proprietorship or partnership. If the business is part of a corporation, please provide information for at least two corporate officers.

**Owner/Corporate Officer:**

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Home Address: \_\_\_\_\_

AKA: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Owner/Corporate Officer:**

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Home Address: \_\_\_\_\_

AKA: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Store Manager Information:** Please provide the information requested below for the store manager, if different from the Primary Applicant.

Name: \_\_\_\_\_ Home Address: \_\_\_\_\_

AKA: \_\_\_\_\_ Driver's License #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### Tobacco Retailer License Application Fee

- Application for original, renewal and change of ownership or location - **\$35.00 (Renewals due March 1.)**

Ordinance Compliance Verification Statements	(Select the applicable box below)	
At the business location referenced above, no self-service tobacco product displays are used. I acknowledge that use of such displays is prohibited by City ordinance.	Yes	No
At the business location reference above, access to all tobacco products is restricted to store employees only.	Yes	No
I acknowledge that the staff at the business location referenced above has been notified that all sales of tobacco products to minors under eighteen (18) years of age are prohibited by City ordinance.	Yes	No

\_\_\_\_\_  
 Owner / Corporate Officer Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Owner / Corporate Officer Signature

\_\_\_\_\_  
 Date

**Investigation Approval:**

\_\_\_\_\_  
 Police Department

\_\_\_\_\_  
 Date

Notification of licensure will be filed with the City Recorder and with the Philomath Police Department. Please contact the City Manager at 541-929-6148 with any questions or concerns.