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**LICENSE #:**

## APPLICATION FOR A TOBACCO RETAIL LICENCE

Businesses in St. Albert are required to have a valid Tobacco Licence. The information requested in this application is necessary to fully evaluate your request for a Tobacco Licence. Completion of this form does not guarantee approval of a Tobacco Licence.

**Business shall not commence prior to a license being issued.**

Licence fees apply to calendar year January 1st to December 31st.

**If the license is approved, fees are not refundable.**

<b>APPLICANT TO COMPLETE THIS SECTION (PLEASE PRINT)</b>			
NAME OF BUSINESS		BUSINESS PHONE NUMBER	
OPERATING ADDRESS: STREET	CITY	PROVINCE	POSTAL CODE
MAILING ADDRESS CARE OF (IF DIFFERENT THAN ABOVE)			
STREET	CITY	PROVINCE	POSTAL CODE
NAME OF OWNER OF BUSINESS		OWNER'S PHONE NUMBER	
OWNER'S ADDRESS: STREET	CITY	PROVINCE	POSTAL CODE
NAME OF DESIGNATED MANAGER(S)			
1.	2.		
ADDRESS(ES) OF DESIGNATED MANAGERS: STREET	CITY	PROVINCE	POSTAL CODE
1.			
2.			
LICENCE FEE	RECEIPT NUMBER	<b>APPLICANT'S SIGNATURE:</b>  _____	
\$			
APPLICATION DATE	APPLICATION TYPE	DATE LICENSE ISSUED	APPROVED
	New <input type="checkbox"/> Renewal <input type="checkbox"/>		
COMMENTS			
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<b>CREDIT CARD PAYMENT</b> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/>			
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Expiry Date    ___ ___ ___ ___		SIGNATURE: _____	

The information on this form is collected solely for the purpose of administering the City of St. Albert's business license program. Where applicable, the information shall be administered in accordance with the *Freedom of Information and Protection of Privacy Act* (and other legislation governing the protection and disclosure of information).