

APPLICATION FOR LICENSE TO SELL TOBACCO PRODUCTS

St. Charles County Department of Community Health and the Environment
1650 Boonslick St. Charles, Missouri 63301
(636) 949-7900 Ext. 4204

Business Name (*Corp. name if applicable*) _____
D/b/a (if applicable) _____
Street Address: _____
City: _____ State _____ Zip _____ Telephone _____
Type of Establishment: _____ (Example: Grocery Store, Restaurant, Gas Station, etc.)

Owner's Name (*Or Chief Corporate Officer*) _____
Street Address: _____
City: _____ State _____ Zip _____ Telephone _____
Type of Ownership: sole proprietorship partnership corporation (State of incorporation or registry: _____)

Name of Applicant (*if other than owner*) _____
Relationship to establishment/owner: _____
Street Address: _____
City: _____ State _____ Zip _____ Telephone _____

CHECK BOX OF PREFERRED MAILING ADDRESS

Note: If partnership or corporation, all partners and principle officers must be listed on the back of this form with names and addresses

Annual Fee Schedule and Type of License:

Missouri Sales Tax Identification Number: _____

- I. **\$125.00** fee for retail establishments where tobacco products are sold and the said total annual gross receipts of sales is at least **\$50,000.00** or more.
- II. **\$ 20.00** fee for retail establishments where tobacco products are sold and the said total annual gross receipts of sales is less than **\$50,000.00**. You must also sign a Missouri Department of Revenue Form 8821, authorizing St. Charles County to examine your sales tax records.
- III. **\$ 25.00** for each vending machine that sells tobacco on your business premises.

Number of machines: _____ **Total fee:** _____

I have made a diligent search of my records and I certify that the permit fee checked represents, to the best of my knowledge, the total annual gross sales for my establishment.

Signature of Applicant : _____ **Date:** _____

Name of Applicant (print) : _____

For Health Department Use Only Below This Line

Date received: _____ Issue date: _____ Expiration date: _____

Comments:

Cash receipt # _____ Date: _____ License # _____

