



TOBACCO PERMIT

FOR OFFICE USE ONLY			
Permit Year	JP Tax ID	Class	Type

1. Please check the space adjacent to the class of tobacco permit requested.

____ Retail Tobacco - \$75.00	Vending Machine Operator Permit - \$75.00
Who Wholesale Tobacco - \$75.00	Vending Machine Permit - \$5.00 Number of vending machines: _____

2. TRADE NAME

3. LOCATION ADDRESS City State ZIP

4. TYPE OF OWNERSHIP: INDIVIDUAL CORPORATION PARTNERSHIP OTHER _____

5. CORPORATE NAME (IF APPLICABLE)

6. LIST BELOW THE NAMES OF EACH OWNER, PARTNER, CORPORATE OFFICER OR STOCKHOLDER OWNING MORE THAN 5% STOCK IN BUSINESS. ADDITIONALLY, IF BUSINESS IS TO BE CONDUCTED WHOLLY OR PARTLY, BY ONE OR MORE MANAGERS, AGENTS OR OTHER REPRESENTATIVES, ATTACH A COMPLETED SCHEDULE "A" ON EACH PERSON. USE ADDITIONAL SHEETS IF NECESSARY.

NAME OF PERSON

TITLE

ENTER YES, NO OR N/A (NOT APPLICABLE) TO EACH OF THE FOLLOWING QUESTIONS:

7. Is a copy of Proof of Publication , as provided by the newspaper company, attached to this application?
8. Is a copy of Completed Schedule "A" on all required individuals, attached to this application?
9. If a Corporation or LLC, is a copy of Certificate of Incorporation , attached to this application?
10. If a Corporation or LLC, is a copy of Initial or Annual Report attached to this application?
11. If a partnership, is a copy of Notarized Partnership Agreement attached to this application?
12. Has a copy of this application been provided to landlord?
13. Is a Zoning District Certification, as issued by Jefferson Parish Department of Code Enforcement, certifying that the location is properly zoned for the class of permit being applied for, attached to this application?

NATURALIZED CITIZENS MUST PRESENT NATURALIZATION PAPERS.
 OWNERS NAMES AND TRADE NAMES MUST AGREE ON ALL DOCUMENTS SUBMITTED.
 STATE AND LOCAL APPLICATIONS MUST BE WITHIN 24 HOURS OF EACH OTHER.



Affidavit

I swear that I have read each of the foregoing questions and the answers that I gave are true and correct to the best of my knowledge; and that I meet the qualifications and conditions set out in **Jefferson Parish Code of Ordinances, Section 17-97**. Furthermore, I understand that any misstatement or suppression of the facts in this application or any accompanying schedule or the required data shall be grounds for refusal of permit or suspension or revocation thereof, if already issued. Likewise, if the applicant, or any other person required to have the same qualifications as the applicant, does not possess the same, or if any of them has violated or failed to comply with any requirements of the ordinances of the Parish of Jefferson or State Acts pertaining to tobacco permit qualifications, the permit may be denied or revoked if already issued.

Signature Title

Sworn to and subscribed before me this _____ day of _____, 20 _____

In the Parish (county)of _____, State of _____

Print Name of Notary Public

Signature of Notary Public

To be completed by the Jefferson Parish Sheriff's Office Bureau of Revenue and Taxation, Sales Tax Division, Account Processing Section.

I _____ Deputy Sheriff for The Parish of Jefferson, verify that all applicable questions
Print Name
have been answered and all necessary documents are attached.

Signature _____ Date _____
Deputy Sheriff, Tax Clerk