



Return form to:
businesslicensing@cityofmandan.com

License Year: July 1, 2026 to June 30, 2027
TOBACCO LICENSE APPLICATION

License Fee: \$75
PLEASE TYPE OR PRINT

Name of Business			
Business Mailing Address	City	State	Zip Code
Contact Person		Title	
Contact Phone #	Contact E-mail Address		
Address of Licensed Premises	City	State	Zip Code
State Tobacco License #			
Please provide a diagram below indicating the restricted areas on the premises.			

Signature

Title

Date