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**CITY OF MOLINE
TOBACCO LICENSE APPLICATION
ANNUAL FEE: \$100.00**

Name of Business: _____

Owner: _____

Address: _____

City State Zip

Phone: () _____

Nature of Business: _____

Mailing Address (If different from address listed above):

City State Zip

Method of Tobacco Sale:

Vending Machine

Retail

Wholesale

Courtesy (specify) _____

Other (specify) _____