



## Office of the City Clerk

500 East Third Street, Suite 230 • Loveland, Colorado 80537  
(970) 962-2000, Opt. 9 • FAX (970) 962-2901  
TDD (970) 962-2620  
[www.lovgov.org](http://www.lovgov.org)

### LOCAL RENEWAL APPLICATION CHECKLIST FOR TOBACCO LICENSE

**Include ALL supporting documentation to avoid renewal delays as we will NOT accept incomplete applications**

**Application deadline is December 1, 2024**

- Completed City of Loveland Local Application Form (ALL questions must be answered)
- Attach **2025** City Sales Tax and State Sales Tax Certificates
- \$300.00 payment (make checks & Money Orders payable to "City of Loveland")
- Attach deed, lease, or assignment of lease (with consent and acceptance) in the name of the Applicant (**must** match name on application) covering entire proposed licensing period.
- Attach Articles of Incorporation, authorization to do business in Colorado, or Certificate of Good Corporate Standing issued by the Colorado Secretary of State
- Copy of premises diagram/floor plan
  - Must be on 8 ½ x 11 paper, use separate sheet for each floor: label floor level
  - Include dimensions of perimeter of the area to be licensed **outlined in RED**
  - Include directional orientation (show North arrow) ↑
  - Show the street closest to the main entrance, name and address of establishment
  - Label all staircases, windows, doors, walls, bars, restrooms, entrances/exits & tobacco storage areas, etc.

File your completed application packet with the City Clerk's Office. The Licensing Administrator, and possibly the Assistant City Attorney, will review the application. Any deficiencies in the application will be reported to the applicant prior to the issuance of a license or denial of the application. The Police Department will perform a background investigation and applicable City departments will perform inspections and report their findings to the Licensing Administrator. Applicants will receive their license or a denial letter within thirty (30) days of submission of their completed application.

### **LICENSE ISSUANCE**

A public hearing is not required for the issuance of a renewed license; however, the Licensing Administrator or Assistant City Attorney may request the applicant or representative to appear at a public hearing for good cause.

**The Licensing Administrator will issue the renewed local license to the applicant. It is the obligation of the applicant to communicate with the State and obtain the required State license.**

The applicant should obtain a copy of the Colorado Tobacco Code – print it off the State's Website at [sbg.colorado.gov/tobacco](http://sbg.colorado.gov/tobacco). Click on Laws & Rules. The City's website [lovgov.org](http://lovgov.org) also contains the State Administrative Procedures Act on the Tobacco Licensing page as well as forms and instructions.

**PLEASE CONTACT THE CITY OF LOVELAND CLERK FOR ANY QUESTIONS:**

970-962-2000, option 9, or email [Clerk@cityofloveland.org](mailto:Clerk@cityofloveland.org)



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**LOCAL RENEWAL APPLICATION FOR  
TOBACCO LICENSE**

This application must be filed in the Office of the City Clerk, City of Loveland, 500 East Third Street, Suite 230, Loveland, CO 80537. **Include ALL supporting documentation to avoid renewal delays. Application deadline is December 1, 2024**

Name of Entity (Must match Certificate of Good Standing): \_\_\_\_\_  
Trade Name \_\_\_\_\_  
Contact Name \_\_\_\_\_  
Email address: \_\_\_\_\_  
Establishment manager: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_

The applicant(s) hereby applies to the City of Loveland Local Licensing Authority for a **Tobacco Product Retailer License to Sell Tobacco Products**. The applicant tenders the **\$300.00** fee payable to the **City of Loveland**.

In addition to this local application, an applicant must submit the other required documentation to the City Clerk's Office. Attach additional pages as necessary to fully explain your answers.

**1. HOURS OF OPERATION:** Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_  
Thursday \_\_\_\_\_ Friday \_\_\_\_\_ Saturday \_\_\_\_\_ Sunday \_\_\_\_\_

**2. TOBACCO RETAIL/SALES TRAINING:** List history of training and current training certificates that are held by the applicant and employees:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. EXPERIENCE IN TOBACCO SALES:** Describe the applicant/owner/manager's experience in the sale of tobacco products.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4. AGE-RESTRICTED SERVICE:** Does this establishment have age-restricted entry? Please describe how staff will identify customers and determine ages.

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**5. PHYSICALLY NON-ACCESSIBLE AREA:** Please describe how the tobacco products will be maintained in an area that is not accessible to customers. Please also describe how the establishment will require direct person-to-person transfer of tobacco products.

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**6. ELECTRONIC SMOKING DEVICE ADVERTISEMENTS:** Please describe potential placement of advertisement for any Electronic Smoking Devices throughout the premises.

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**7. COLORADO TOBACCO CODE:** I affirm that a copy of the Colorado Tobacco Code (<https://sbg.colorado.gov/tobacco-enforcement-laws-rules-regulations>) and Title 5, Chapter 45 of the Loveland Municipal Code ([https://library.municode.com/co/loveland/codes/code\\_of\\_ordinances](https://library.municode.com/co/loveland/codes/code_of_ordinances)) have been, will be printed or accessed online for use in operating my business.

**8. ADDITIONAL ACTIONS FOR THE LICENSED PREMISES:** I understand that the filing of a Local Report of Changes is required for any changes to the information in this application within 30 days of said change.

**Applicant/Authorized Signature:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_