

**APPLICATION FOR
DRUG PARAPHERNALIA LICENSE**

(Code 47-19)

Complete this form for each location.

SECTION A: REASON FOR SUBMITTING THIS APPLICATION			
CHOOSE ONLY ONE:	<input type="checkbox"/> SUBMITTED WITH BUS-APP	<input type="checkbox"/> SUBMITTED WITH BUS-RBL	NUMBER OF EMPLOYEES AT THIS LOCATION <small>Attach Drug Paraphernalia Affidavits for each employee selling paraphernalia from this location</small>
SECTION B: BUSINESS IDENTIFICATION			
1	LEGAL BUSINESS NAME		FEIN (SSN For Sole Proprietor)
	DBA (Complete Schedule DBA for each additional DBA)		
2	PHYSICAL ADDRESS OF BUSINESS NAMED ABOVE <small>No Post Office Boxes</small>		
	CITY	STATE	ZIP
3	MAILING ADDRESS		
	CITY	STATE	ZIP
DESCRIPTION OF BUSINESS			BUSINESS PHONE NUMBER
SECTION C: APPLICANT INFORMATION <small>(required)</small>			
NAME OF APPLICANT		APPLICANT SSN	DATE OF BIRTH (MMDDYYYY)
I, the undersigned, swear that I have never been convicted of a drug-related offense.			
SIGNATURE OF APPLICANT		DATE	
TAKEN, SUBSCRIBED, ACKNOWLEDGED AND SWORN TO BEFORE ME ON THIS DATE : _____ MY COMMISSION EXPIRES ON: _____ _____ NOTARY PUBLIC		(NOTARY SEAL)	
AMOUNT DUE		\$	150.00



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