



One City license is required per physical retail location. Existing lawful retailers must file an initial application by October 31, 2026. Licenses expire on the last business day of October. Include the annual fee and all required attachments. Class B licenses are capped at 35 citywide.

1. APPLICATION AND LICENSE CLASSIFICATION

Application type

☐ Initial ☐ Renewal ☐ New owner / control ☐ Relocation

Requested license classification

☐ Class A - Tobacco Retailer (\$300/year) ☐ Class B - Tobacco Plus Retailer (\$500/year)

Class A authorizes Tobacco Products only. Class B is required for any Tobacco Plus Product, even if those products are incidental to the business.

2. APPLICANT / BUSINESS INFORMATION

Legal name of applicant / business entity

FEIN (optional)

Business / DBA name

Entity type

Mailing address

City

State

ZIP

Business phone

Email

**3. LICENSED PREMISES**

Physical address of proposed licensed premises

City

State

ZIP

Premises status

☐ Existing lawful retailer at this location☐ New retail location**4. OWNERS AND PERSONS WITH A CONTROLLING INTEREST**

Identify every Owner and every Person with a controlling interest. Attach a supplemental sheet if four spaces are insufficient.

Owner / controlling person 1 - full legal name

Ownership %

Phone

Mailing address

Email

Owner / controlling person 2 - full legal name

Ownership %

Phone

Mailing address

Email

Owner / controlling person 3 - full legal name

Ownership %

Phone

Mailing address

Email

Owner / controlling person 4 - full legal name

Ownership %

Phone

Mailing address

Email



5. MANAGERS RESPONSIBLE FOR DAY-TO-DAY OPERATIONS

Manager 1 - name

Phone

Email

Manager 2 - name

Phone

Email

Manager 3 - name

Phone

Email

Change Notice: A licensee must notify the City Clerk within 5 business days of required changes, including owners, managers, contact information, and State licenses.

6. REGULATED PRODUCTS PROPOSED FOR SALE

- | | |
|--|---|
| ☐ Tobacco products | ☐ Nicotine / alternative nicotine |
| ☐ Electronic cigarettes / smoking devices | ☐ Vapor products / vaping devices |
| ☐ Hemp-derived cannabinoid products | ☐ Related paraphernalia / components |

Brief description of products or brands proposed for sale

7. STATE LICENSES AND REQUIRED ATTACHMENTS

List required State authorizations and attach current copies. City licensure is in addition to State and federal requirements.

Authorization 1 - type / agency

Number

Expiration

Authorization 2 - type / agency

Number

Expiration

Authorization 3 - type / agency

Number

Expiration

- ☐ Current City of Marion Commercial Occupancy Permit attached
- ☐ Copies of applicable State licenses, registrations, permits and certificates attached



8. CLASS B LOCATION REVIEW

Complete this section for Class B. New Class B locations must be at least 1,000 feet from any Sensitive Use: school, day care center, public park or place of worship. Distance is measured property line to property line.

- ☐ Existing lawful Class B retailer at same location; nonconforming status claimed
- ☐ New Class B location; at least 1,000 feet from each Sensitive Use
- ☐ Not applicable - Class A application
- ☐ Survey, site plan, GIS map, or other distance documentation attached (if requested)

A Class A retailer seeking Class B is treated as a new Class B location. A change in owner or relocation requires a new license application.

9. PRIOR LICENSE ACTIONS - PRECEDING FIVE YEARS

Has the Applicant or any Owner had a tobacco, nicotine, electronic cigarette, hemp, cannabis, or similar business or retail license denied, suspended, revoked or not renewed during the previous five years?

- ☐ No ☐ Yes - explain below

If yes: person/entity, authority, date, action and disposition

10. ADDITIONAL INFORMATION

Additional information relevant to ownership, eligibility, licensing or premises.

Attach supplemental pages if needed; identify the section and applicant on each page.

**11. APPLICANT CERTIFICATIONS AND ACKNOWLEDGMENTS**

- ☐ I certify that this application and all attachments are true, correct and complete.
- ☐ I certify that the applicant and premises comply with Ordinance No. 4139 and applicable law.
- ☐ I will verify age and will not provide Regulated Products to anyone under 21.
- ☐ Regulated Products will remain behind the counter or otherwise inaccessible to customers.
- ☐ No vending machine or unattended customer retrieval of Regulated Products will be used.
- ☐ I will maintain required invoices, product documentation and applicable Certificates of Analysis.
- ☐ I acknowledge lawful inspections of premises, products, inventory and records.
- ☐ Required State authorizations must remain valid throughout the City license term.
- ☐ I will not make misleading representations implying authorization to sell cannabis.
- ☐ I will notify the City Clerk of required changes within five business days.
- ☐ The license is specific to this licensee and premises and is not transferable.

12. AUTHORIZED SIGNATURE

Printed name

Title

Signature (typed or signed after printing)

Date

13. CITY USE ONLY

Date received

Time received

Application no.

License no.

Fee received

Receipt no.

☐ Yes - occupancy permit verified☐ No☐ Class A☐ Class B☐ Incomplete / denied

Reviewed / approved by

Date

Review notes