



**CITY OF BOULDER TOBACCO RETAILER LICENSE APPLICATION**

**This application form must be completed and signed by a business owner that is authorized to represent the business. It must be filed with the Regulatory Licensing Office. All information must be printed legibly in ink or typewritten. All licenses expire December 31<sup>st</sup> of the year issued and must be renewed annually.**

**PLEASE ATTACH CERTIFICATE OF GENERAL LIABILITY INSURANCE LISTING THE CITY OF BOULDER AS AN ADDITIONAL INSURED**

**[ ] NEW License Application \$370 FEE [ ] RENEWAL License Application \$280 FEE**

**LATE FILED APPLICATIONS WILL BE CHARGED A \$100 LATE FILING FEE**

Applicant's Business Name: \_\_\_\_\_

Trade Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact's Business Phone: \_\_\_\_\_ Contact's Email address: \_\_\_\_\_

**Applicant Business Representations and Confirmations:**

- 1) Does your business have measures in place to avoid sales to persons under the Minimum Legal Sales Age of 21 years old?  
[ ] Yes [ ] No
- 2) Does your business have measures in place to ID check, with comparison of photographs and birth dates of the presenting customer, both in store customers and to verify against at least two databases on-line customers to ensure that presented IDs are valid and that customers are at least 21 years of age? [ ] Yes [ ] No
- 3) Has your business eliminated Flavored Tobacco Product from its' products for sale? [ ] Yes [ ] No
- 4) Does your business have measures in place to eliminate the sale of more than two electronic cigarettes or four Associated Products including refills to any one customer in any 24- hour period? [ ] Yes [ ] No
- 5) Has your business properly set up your Point of Sale systems at your location to collect the additional city sales tax and do you have accounting systems in place to timely and properly remit those city taxes? [ ] Yes [ ] No
- 6) Have you included your Certificate of Insurance naming the City of Boulder as an additional insured? [ ] Yes [ ] No

**OATH OF APPLICANT**

I declare under penalty of perjury in the second degree that this application, my answers, and attachments are true, correct, and complete to the best of my knowledge. I also acknowledge that it is my responsibility and the responsibility of my agents and employees to know and understand the Boulder Revised Code, and to comply with the provisions of all City of Boulder Rules, Regulations, and Codes which affect my city license.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

# 1) NEED: CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/16/2011

(Insurance card copy not sufficient)

20-2882

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

NAIC #

INSURED

BOULDER CO 80304

INSURER A:  
INSURE  
INSURER C:  
INSURER D:  
INSURER E:

## COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS

INSR LTR	ADDL INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		GENERAL LIABILITY		04/19/11	04/19/12	EACH OCCURRENCE \$ 1,000,000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO JECT <input type="checkbox"/> LOC				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED. EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS-COMP/OP AGG \$
B		AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident) \$
		<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				BODILY INJURY (Per person) \$ BOOILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
		EXCESS / UMBRELLA LIABILITY				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU-TORY LIMITS   OTHER EL EACH ACCIDENT \$ EL DISEASE-EA EMPLOYEE \$ EL DISEASE-POLICY LIMIT \$
		OTHER:				

General Liability Insurance at this level >

and Workers Comp coverage if licensee will have employees for the business (not just owners).

## DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/ SPECIAL PROVISIONS

City of Boulder are additionally insured with Insurance with respect to general liability.

## CERTIFICATE HOLDER

The City of Boulder  
PO Box 791  
Boulder, Co 80301

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER. IT'S AGENTS OR REPRESENTATIVES

AUTHORIZED REPRESENTATIVE

*Steve Hensinger*  
Steve Hensinger

Attention: Tax and License Division

ACORD 25 (2001/08)

Certificate #

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