

**DRUG AND TOBACCO PARAPHERNALIA/ACCESSORIES ESTABLISHMENT**  
**(Pursuant to General Ordinance 14, 2013)**

PERMIT YEAR \_\_\_\_\_

**BUSINESS INFORMATION**

\_\_\_\_\_  
BUSINESS NAME

\_\_\_\_\_  
D/B/A NAME(S)

\_\_\_\_\_  
BUSINESS PHONE

\_\_\_\_\_  
BUSINESS FAX

\_\_\_\_\_  
BUSINESS ADDRESS

ABSOLUTE AGE-RESTRICTIVE

NON-ABSOLUTE AGE-RESTRICTIVE

**OWNER INFORMATION**

(all owners must be included and must sign reverse side)

\_\_\_\_\_  
NAME OF OWNER 1

\_\_\_\_\_  
NAME OF OWNER 2

\_\_\_\_\_  
ADDRESS OF OWNER 1

\_\_\_\_\_  
ADDRESS OF OWNER 2

\_\_\_\_\_  
DOB

\_\_\_\_\_  
SSN

\_\_\_\_\_  
DOB

\_\_\_\_\_  
SSN

\_\_\_\_\_  
PHONE

\_\_\_\_\_  
EMAIL ADDRESS

\_\_\_\_\_  
PHONE

\_\_\_\_\_  
EMAIL ADDRESS

**MANAGER INFORMATION**

\_\_\_\_\_  
NAME OF MANAGER 1

\_\_\_\_\_  
NAME OF MANAGER 2

\_\_\_\_\_  
ADDRESS OF MANAGER 1

\_\_\_\_\_  
ADDRESS OF MANAGER 2

\_\_\_\_\_  
DOB

\_\_\_\_\_  
SSN

\_\_\_\_\_  
DOB

\_\_\_\_\_  
SSN

\_\_\_\_\_  
PHONE

\_\_\_\_\_  
EMAIL ADDRESS

\_\_\_\_\_  
PHONE

\_\_\_\_\_  
EMAIL ADDRESS

**BUSINESS OPERATING HOURS**

MONDAY \_\_\_\_\_ TO \_\_\_\_\_  
TUESDAY \_\_\_\_\_ TO \_\_\_\_\_  
WEDNESDAY \_\_\_\_\_ TO \_\_\_\_\_  
THURSDAY \_\_\_\_\_ TO \_\_\_\_\_  
FRIDAY \_\_\_\_\_ TO \_\_\_\_\_  
SATURDAY \_\_\_\_\_ TO \_\_\_\_\_  
SUNDAY \_\_\_\_\_ TO \_\_\_\_\_

REVERSED SIDE MUST BE SIGNED FOR APPLICATION TO BE VALID

**ACKNOWLEDGEMENT OF TERMS**

By signing this agreement I acknowledge that I am responsible for any and all actions involving the sale, displaying for sale and distribution of any products found within the business/establishment for which I am applying for a Drug and Tobacco Paraphernalia/Accessories Establishment Permit from the City of Terre Haute.

I acknowledge that I have a complete understanding of Terre Haute City Code, General ordinance 14, 2013 and the terms of holding said permit, and will comply with all requirements prescribed therein. I understand that my failure to comply with all regulations included within General Ordinance 14, 2013 may result in the suspension and/or revocation of said permit as well as civil penalties and monetary fines.

I acknowledge that acceptance of the Drug and Tobacco Paraphernalia/Accessories Establishment Permit requires that access be granted to agents of the City of Terre Haute, to inspect the premises of the permitted location included within this application, at any time during the normal hours of operation of said establishment. This inspection is for the purposes of determining compliance with the terms of this permit and GO 14, 2013, and may include stock rooms, offices, behind counters and any other area not normally accessible to the public.

I swear and affirm that the operation of this business is in full compliance with all federal, state, and local laws, including zoning regulations.

By signing this application, I hereby authorize the City of Terre Haute, its agents, and employees to seek information and to conduct an investigation into the truth of the statements set forth in this application.

I hereby authorize and request and direct all law enforcement officials, wherever situated, to release to the City of Terre Haute Police Department, or any agent designated by them, any document, information, record, or file, concerning any arrest or conviction I may have regarding a criminal offense. Said information may be furnished if the request therefore is made in person or in writing.

I further release all City of Terre Haute employees, agents, and officials from any and all liability to me that could arise in any and all legal communication privileges that I could claim.

I further appoint any agent designated by the City of Terre Haute as my attorney-in-fact for the sole purpose of collecting the information necessary for processing my application. I further direct that he/she be permitted to inspect any and all of said files and information, and be permitted to make copies at his/her discretion. This request may be treated as if I were making the request in person. A copy of this release is to be considered as legally binding as the original.

OWNER 1 SIGNATURE

DATE

PRINTED NAME

OWNER 2 SIGNATURE

DATE

PRINTED NAME

GENERAL MANAGER'S SIGNATURE

DATE

PRINTED NAME

**FOR CONTROLLER'S OFFICE USE ONLY: ANNUAL FEE FOR PERMIT IS \$60.00 PER LOCATION PER CALENDAR YEAR**

Date Permit Issued: \_\_\_\_\_

Permit Number: \_\_\_\_\_

Date Permit Effective FROM: \_\_\_\_\_ TO: \_\_\_\_\_

Issuing Authority: \_\_\_\_\_