

County of Alameda – Community Development Agency – Planning Department

224 West Winton Avenue, Room 111, Hayward, California 94544

Phone: 510.670.5400 Fax: 510.785.8793 www.acgov.org

Tobacco Retailer License Application

Application Date:									
Reason for Application (check one	e):	☐ New Lic	ense 🔲	Renewal		☐ Re-i	ssuing Revoked Lic	cense	☐ Change of Ownership
Establishment Type (check one):		☐ Convenience Store ☐ Gas/Service Station ☐ Grocery Market ☐ Tobacco/Smoke Sho						☐ Tobacco/Smoke Shop	
Business Information (Licer	nse an								listed below)
Business Name: DBA Name (if applicable):									
Business Type: Individual So	le Prop	rietor 🔲 Cor	poration P	artnership 🔲	LLC Other	(Attach	additional docum	ents, if	necessary)
Business Address:									
Business Mailing Address:									
Business Phone#:	Alternate Phone# (if applicable):								
Business Email:	Hours of Operation:								
Existing License/Permit Info	licenses and permits listed below California Seller's Permit #:								
Business Owner Informatio	n (Att	rach additio	onal sheets f	or owners if	necessary)				
#1 Business Owner Name:					Phone #:			Emai	l:
Mailing Address:								<u> </u>	
Date of Birth:	DL / ID #:				Expiration:				
#2 Business Owner Name:						Phone #:		Emai	1:
Mailing Address:		_							
Date of Birth:		DL / ID #:			Expiration:				
Within five years from the date found to have violated any fed retailing? No Yes (Pursuant to Alameda County Ordir paraphernalia. Licensees are requ acknowledges that they have been Retail License is not allowed to sell result in the substantial denial of fisignature(s) below represents your I hereby apply for a Tobacco Retail under penalty of perjury the inform	eral, so (If yes, mance 3 ired to n inform I tobaccuture T r agree	attach, county of attach an ex attach an ex attach an ex attach an ex attach and ex attach at a sed of the Toboto products to a sobacco Retail at a sed of the attach at a sed of the a	or local laws of planation) cense from the lill Federal, State acco Retail Lice any person un- Licenses. Licensely with the Tob	or regulations e County of Alar e, and County L ense performar der the age of a ses are issued t acco Retailer Li ttached to oper submitted are to	meda is requinaws in operatice standards, 21 years old. So fixed address censing applicate at the abo	ed for the displayed for the d	e sale and distribueir business. By siged fees, and regulabacco without a light and each address quirements per th	ug par ution or gning thations. cense is requir e ordir	f tobacco products and tobacco he application, each Owner Any location issued a Tobacco s a serious offense and could es a separate license. Your nance.
#2 Owner (Printed)			#2 Owner (Signature)				Date		
				FOR OFFICE U	SE ONLY				
Date Received:	Existing Licenses/Permits Submitted: CATPRL CASP ACBL								
APN:			Zoning:	oning:		General Plan:		Misc:	
TRL#:	RL#: Amount Du		\$940.00	Amount Paid:	id: Me		hod: □Check □Credit Card □MO/Cashier's Chk □Cash		