



County of Santa Cruz

Health Services Agency ♦ Environmental Health Service

701 Ocean Street, Room 312, Santa Cruz, CA 95060
(831) 454-2022 Fax : (831) 454-3128 TDD/TTY -Call 711 www.scceh.com

TOBACCO CONTROL

APPLICATION FOR A TOBACCO RETAIL LICENSE

Authority: Santa Cruz County Ordinance Title 5, Chapter 5.60
City of Santa Cruz Municipal Ordinance Title 6, Chapter 6.07

This application is for:

- New Permit Annual Renewal
 Re-issuance of a suspended or revoked permit
 Change of Ownership

Business Name (DBA): _____

Business Location: _____

Business Mailing Address: _____

Business Phone Number: _____

Emergency Contact No.: _____

Type of Business Ownership:

- Sole Proprietor Partnership Corporation

If a sole proprietorship, give name, address and telephone number of owner:

If a partnership, give name, address and telephone number of EACH partner - (attach extra sheet, if required):

Partner 1 _____

Partner 2 _____

Partner 3 _____

If a corporation, give name of corporation exactly as on file with the California Secretary of State, providing the entity name and entity number. Include the address and telephone number for the corporation; and the name and address for the Agent for Service of Process:

California entity name & entity number: _____

Corporate address and phone number:

Agent for Service of Process:

Provide the State of CA Board of Equalization Tobacco Retail License No. _____

Attach a copy of the license to this application

Have any of the owners listed on this form been issued a City of Santa Cruz Tobacco Retail License that is, or was at any time, suspended or revoked? _____YES _____NO
If YES, provide the date of each suspension or revocation: _____

It is the owner's responsibility to ensure that all employees and retail associates are informed of all federal, state, and local tobacco-related laws pertaining to the license.

Affirmation and certification: I (we) the undersigned, affirm and certify that all of the information provided in this application is complete, true, and accurate to the best of my (our) knowledge. I am (we are) informed of the laws affecting tobacco retailing licenses.

<u>Signature(s):</u>	<u>Print Name & Title:</u>	<u>Date:</u>
_____	_____	_____,20__
_____	_____	_____,20__
_____	_____	_____,20__
_____	_____	_____,20__

FOR OFFICE USE ONLY

OW000 _____, FA000 _____ PR001 _____ PE: 7535 /7530 District#: _____ Permit # _____

Cash/Check/CC/EC Date: ___/___/20__ Check/Confirmation # _____

Application (completeness) Reviewed by: _____ Date: ___/___/20__