

APPLICATION
TOBACCO RETAILER LICENSE
Annual Fee: \$370
(Fee is Non-Refundable)

Existing Tobacco License No. (applies to renewal applications only): _____

HEALTHY FOOD EXEMPTION

Request for Health Food Exemption:

Visit www.cityofsacramento.org/TRLExemption to review requirements to qualify for the exemption.
Do not check the box if you are not requesting the exemption.

REQUIREMENTS TO SUBMIT WITH THIS APPLICATION

- (1) The **Tobacco Retailer License Application** – completed, signed and accurate
- (2) A copy of a valid and current **Tobacco Retailer License** issued by the California Department of Tax and Fee Administration
- (3) A copy of a current and valid **Business Operating Tax Certificate** issued to the business by the City of Sacramento
- (4) A copy of an approved Conditional Use Permit to retail tobacco issued by the Community Development Department **(New Applicants Only)**
- (5) A check or money order made payable to CITY OF SACRAMENTO in the amount of \$370.

Items 1 – 5 must be submitted together and can be mailed to:

ATTN: Business Compliance Unit / Tobacco Retailer License
300 Richards Blvd, 3rd floor,
Sacramento, CA 95811

BUSINESS INFORMATION

Name of Business:		Business Contact No.:	
Business Address:		City/State/Zip:	
Billing Address:		City/State/Zip:	

OWNERSHIP

Has the ownership of the tobacco retailer store changed since the last tobacco license issued?

YES – If yes, provide the name of the previous owner: _____

NO

OWNERSHIP STRUCTURE

<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company
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PRIORIETOR 1

“Proprietor” means a person with an ownership or managerial interest in a business. An ownership interest shall be deemed to exist when a person has a 10% or greater interest in the stock, assets, or income of a business other than the sole interest of security for debt. A managerial interest shall be deemed to exist when a person has, or can have, sole or shared control over the day-to-day operations of a business.

Name of Proprietor 1:		Contact No.:	
Home Address:		City/State/Zip:	
Email:			

