City of SACRAMENTO
Community Development

Code Compliance Division
Business Compliance Unit
Main Phone: (916) 808-8038
E-Mail: BC@cityofsacramento.org

APPLICATION

TOBACCO RETAILER LICENSE

New Applicant Fee: $850 plus Code Tech Fee $68

Renewal Fee: $600 plus Code Tech Fee $48

(Fee is Non-Refundable)

An 8% technology fee will be assessed on fees and charges

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

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

(4) Sacramento 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 mailed or delivered to:

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

****Applications submitted without all the requirements listed above will be rejected or denied****

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

☐ Sole Proprietor	☐ Corporation	☐ Partnership	☐ Limited Liability Company

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:			

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CORPORATION / LIMITED LIABILITY COMPANY			
Provide the corporation's name as filed with the California Secretary of State. Provide the entity name, entity number and the information requested below.			
Corporate Name:		Contact No.:	
Corporation Number:			
Mailing Address:		City/State/Zip:	
Email:			
Name of Agent for Service of Process:			
Address for Agent for Service of Process:		City/Sate/Zip	

REQUIREMENTS FOR TOBACCO RETAILER LICENSE

PLEASE NOTE, Sacramento City Code section 5.138.040 (B), prohibits the issuance of a new tobacco license and a renewal (if an existing license is expired) if another tobacco license is within 1,000 feet of the desired location. Please visit www.cityofsacramento.gov/flavoredtobaccoban for information on restriction and updated restrictions.

Affirmation Certification: I /we, the undersigned, read and understand all requirements of the Sacramento City Code Chapter 5.138. I declare under penalty and perjury under the laws of the State of California that the information provided above is true and correct.

Proprietor 1	Title	Date	Signature
Proprietor 2	Title	Date	Signature

Please contact (916)808-8038 or email BC@cityofsacramento.org and a representative can help.
You may also call to request an in-person consultation.

OFFICIAL USE ONLY

APPROVED: ☐	DENIED: ☐
Approved By:	Denied By:
Date Reviewed:	