



SAN DIEGO POLICE DEPARTMENT – VICE PERMITS AND LICENSING

1400 E Street

P O Box 121431, San Diego, CA. 92112-1431

(619) 531-2422



TOBACCO RETAILER PERMIT APPLICATION

San Diego Municipal Code Section 33.0101(c) states you must have a valid police permit to operate a business designated as police regulated. You are responsible for being familiar with and complying with the rules and regulations related to Tobacco Product Sales. Copies of the Tobacco Product Sales Ordinance and General Divisions for police regulated activities may be obtained from the City Clerk’s office located at 202 C Street, 2nd Floor, Phone (619) 533-4000 or via the City’s website: www.sandiego.gov (Department, City Clerk, Documents, Municipal Code) **SDMC Chapter 3, Article 3, Division 45, Sections 33.4501 to 33.4518**

APPLICANTS MUST SUBMIT A COMPLETE APPLICATION AND THE FOLLOWING ITEMS

- CURRENT BUSINESS TAX CERTIFICATE** (619) 615-1500
- CORPORATE OR LLC ARTICLES, OR FICTICIOUS NAME STATEMENT** Certificate as filed with County Clerk (619) 237-0502
- STATE RETAILER CIGARETTE & TOBACCO PRODUCTS LICENSE** Bd of Equalization (800) 400-7115
- IDENTIFICATION** A current U.S. government issued photo identification card (i.e. Driver’s License or Military I.D.) is required. Passports are accepted with two supporting documents.
- LEASE OR RENTAL AGREEMENT** (to include name and address of current owner and lessor of the retail business property)
Applicant’s retail business premises are: OWNED RENTED / LEASED

Property Owner’s Name _____ Property Owner’s Address _____ Phone No. _____

Lessor’s Name _____ Lessor’s Address _____ Phone No. _____

Check type of ownership and provide verification of filing.

- | | |
|--|--|
| <input type="checkbox"/> Sole Owner | <input type="checkbox"/> Husband & Wife Co-Partnership |
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Limited Liability Company (LLC) |
| <input type="checkbox"/> Limited Liability Partnership (LLP) | <input type="checkbox"/> Limited Partnership (LP) |
| <input type="checkbox"/> Registered Domestic Partnership | <input type="checkbox"/> Responsible Managing Officer |
| <input type="checkbox"/> Partnership | |
| <input type="checkbox"/> Other (specify) _____ | |

Check, money order or cashier’s check payable to CITY TREASURER. Third party, out of state checks, and credit cards are not accepted.

Regulatory Permit Fee	\$108.00	(annual fee)
Application Fee	<u>104.00</u>	(per applicant and is NON-REFUNDABLE)
Total	\$212.00	

TOBACCO RETAILER (BUSINESS) INFORMATION

Business Name: _____ dba _____

Business Address: _____ City & Zip _____

Mailing Address: _____ City & Zip _____

Business Tax Certificate No. _____ Business Phone # _____

APPLICANT INFORMATION

Applicant's Full Name: _____
First Middle Last

Applicant's Relationship to Business / Title _____

If applicable: Applicant is a Corporate Officer Applicant is a Partner Applicant is sole owner

Other Names Ever Used: (Maiden, Alias, etc.) _____

Date of Birth _____ Height _____ Weight _____ Sex ___ Eyes _____ Hair _____

Driver's License / ID No. _____ State _____ SSN _____

Residential Address _____ City _____ State _____ Zip _____

Mailing Address _____ City _____ State _____ Zip _____

Res. Ph. () _____ Bus. Ph. () _____ Cell Ph. () _____

Fictitious Business Names: List *ALL ever used* by applicant, and the respective addresses of those businesses:

Fictitious Name Address City State Zip

Fictitious Name Address City State Zip

Residential Address List *EACH for the last 5 years*, and inclusive dates (attach additional pages, if necessary)

Address City State Zip from mm/dd/yy to mm/dd/yy

Address City State Zip from mm/dd/yy to mm/dd/yy

Business, Occupation or Employment List *EACH for the last 5 years*, and inclusive dates (attach additional pages, if necessary)

Employer Occupation from mm/dd/yy to mm/dd/yy

Address City State Zip

Employer Occupation from mm/dd/yy to mm/dd/yy

Address City State Zip

SUPPLEMENTAL INFORMATION

Note: An applicant that is a **corporation or partnership** shall designate one of its officers or general partners to act as its responsible managing officer. The responsible managing officer may complete and sign all applications on behalf of the corporate officers and partners.

Name of your designated responsible managing officer: _____

If applicant is a Corporation, or if a limited partner is a Corporation:

Name of Corporation exactly as shown in its Articles of Incorporation or Charter State of Incorp Date of Incorp

Names of all current Officers and Directors, and all stockholders holding more than 25% of the stock of the corporation:

Name Title Residential Address

Name Title Residential Address

Name Title Residential Address

Name Title Residential Address

If applicant is a Partnership, provide the following information of each partner, including limited partners:

Name: First Middle Last

Residence Address City State Zip

Name: First Middle Last

Residence Address City State Zip

Permittee Information: Provide the following information if the *permittee* is not directly involved in the day-to-day management of the police-regulated business, or if the *permittee* has other managers in addition to himself. In the event of a change in such *persons* the applicant shall notify the *Chief of Police* **within thirty calendar days of such a change.**

Name: First Middle Last Title

Other names ever used

TOBACCO RETAILER DECLARATIONS

REQUIRED APPLICANT DISCLOSURES

Have you ever had any *license* or *permit* issued by any agency or board, or any city, county, state or federal agency suspended or revoked, or have you had any professional or vocational *license* or *permit* suspended or revoked within 5 years immediately preceding this application? Yes No

If yes, reason for suspension or revocation: _____

Except for traffic infractions, do you have any criminal *convictions*, including those dismissed per Penal Code section 1203.4? Yes No

If yes, *conviction* info, including date and place: _____

Have you ever been denied a state retailer cigarette and tobacco products license? Yes No

If yes, reason for the denial: _____

DECLARATION REQUIRED PER SDMC § 33.4505(c)

As an applicant for a *police permit* to operate as a *tobacco retailer*, I submit this signed declaration certifying that I have not been convicted of or faced administrative action based on violations of the offenses listed in Municipal Code section 33.4510.

Applicant's Signature _____ Date _____

RIGHT TO INSPECT PER SDMC § 33.0103

I acknowledge the right to inspection as required pursuant to San Diego Municipal Code section 33.0103.

Applicant's Signature _____ Date _____

FOR SDPD USE ONLY:

Accepted by: _____ Date _____

Approved
Disapproved By: _____ Date _____

Comments: _____