



SAN DIEGO POLICE DEPARTMENT – VICE PERMITS AND LICENSING

1400 E Street

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

(619) 531-2250



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.**
 - Sole Owner
 - Corporation
 - Limited Liability Partnership (LLP)
 - Registered Domestic Partnership
 - Partnership
 - Other (specify) _____
 - Husband & Wife Co-Partnership
 - Limited Liability Company (LLC)
 - Limited Partnership (LP)
 - Responsible Managing Officer
- Permit Fee: Check, money order or cashier’s check payable to CITY TREASURER for \$131.00 (annual fee).**
Third party, out of state checks, and credit cards are not accepted.

Contact tobacco@pd.sandiego.gov if you have any questions.

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
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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
_____	_____	_____	_____

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: _____