



**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, 2<sup>nd</sup> Floor, Phone (619) 533-4000 or via the City's website: [www.sandiego.gov](http://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

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

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

**TOBACCO RETAILER (BUSINESS) INFORMATION**

Business Name: \_\_\_\_\_ dba \_\_\_\_\_

Business Address: \_\_\_\_\_ City & Zip \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City & Zip \_\_\_\_\_

Business Tax Certificate No. \_\_\_\_\_ Business Phone # \_\_\_\_\_



**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

**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**

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**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: \_\_\_\_\_