



SAN DIEGO POLICE DEPARTMENT – VICE PERMITS AND LICENSING
1400 E Street San Diego, CA 92101
(619) 531-2422



January 23, 2009

TOBACCO RETAILER RENEWAL APPLICATION

Business Name:
 Business Address:
 City/State/Zip:

PERMIT TYPE: TOBACCO
 PERMIT NO.:
 EXPIRATION DATE:
 BUS ADDRESS:

APPLICANTS MUST SUBMIT A COMPLETE APPLICATION AND THE FOLLOWING ITEMS

- BUSINESS TAX CERTIFICATE** (619) 615-1500
- CERTIFICATE OF LIMITED PARTNERSHIP** 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.

Regulatory Permit Fee \$108.00 (annual fee)

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

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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: _____



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January 23, 2009

TOBACCO RETAILER RENEWAL APPLICATION

MIXON LIQUOR
 1427 01ST AVE
 SAN DIEGO CA 92101-3010

PERMIT TYPE: TOBACCO
 PERMIT NO.: 1994005486
 EXPIRATION DATE: 5/31/2009
 BUS ADDRESS:
 1427 1ST AVENUE SAN DIEGO, CA 92101

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TOBACCO RETAILER RENEWAL APPLICATION

SEAFORTH BOAT RENTAL
 1641 QUIVIRA RD
 SAN DIEGO CA 92109-7801

PERMIT TYPE: TOBACCO
 PERMIT NO.: 1993000542
 EXPIRATION DATE: 5/31/2009
 BUS ADDRESS:
 1641 QUIVIRA ROAD SAN DIEGO, CA 92109

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TOBACCO RETAILER RENEWAL APPLICATION

DELI MART
 3914 MURPHY CANYON RD #A116
 SAN DIEGO CA 92123

PERMIT TYPE: TOBACCO
 PERMIT NO.: 1997000760
 EXPIRATION DATE: 5/31/2009
 BUS ADDRESS:
 3914 MURPHY CANYON ROAD #A116 SAN DIEGO, CA 92123

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TOBACCO RETAILER RENEWAL APPLICATION

ROCK SHOP
 6100 OLD PARK LN
 ORLANDO FL 32835

PERMIT TYPE: TOBACCO
 PERMIT NO.: 2007027582
 EXPIRATION DATE: 5/30/2009
 BUS ADDRESS:
 203 5TH AVENUE # 0148 SAN DIEGO, CA 92101

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January 23, 2009

TOBACCO RETAILER RENEWAL APPLICATION

TC 99 CENTS & MORE
 5439 HANNA ST
 SAN DIEGO CA 92105-5434

PERMIT TYPE: TOBACCO
 PERMIT NO.: 2008003335
 EXPIRATION DATE: 5/30/2009
 BUS ADDRESS:
 5219 UNIVERSITY AVENUE SAN DIEGO, CA 92105

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TOBACCO RETAILER RENEWAL APPLICATION

NUNU'S BAR & RESTAURANT
 3537 05TH AVE
 SAN DIEGO CA 92103-5015

PERMIT TYPE: TOBACCO
 PERMIT NO.: 1993001405
 EXPIRATION DATE: 5/30/2009
 BUS ADDRESS:
 3537 5TH AVENUE SAN DIEGO, CA 92103

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SAN DIEGO POLICE DEPARTMENT – VICE PERMITS AND LICENSING
1400 E Street San Diego, CA 92101
(619) 531-2422



January 23, 2009

TOBACCO RETAILER RENEWAL APPLICATION

MEDITERRANEAN CAFE & LOUNGE
 1352 05TH AVE
 SAN DIEGO CA 92101-4211

PERMIT TYPE: TOBACCO
 PERMIT NO.: 2000003817
 EXPIRATION DATE: 5/31/2009
 BUS ADDRESS:
 1352 5TH AVENUE SAN DIEGO, CA 92101

APPLICANTS MUST SUBMIT A COMPLETE APPLICATION AND THE FOLLOWING ITEMS

- BUSINESS TAX CERTIFICATE** (619) 615-1500
- CERTIFICATE OF LIMITED PARTNERSHIP** 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
 - Husband & Wife Co-Partnership
 - Corporation
 - Limited Liability Company (LLC)
 - Limited Liability Partnership (LLP)
 - Limited Partnership (LP)
 - Registered Domestic Partnership
 - Partnership
 - Responsible Managing Officer
 - 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)

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

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: _____



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1400 E Street San Diego, CA 92101
(619) 531-2422



January 23, 2009

TOBACCO RETAILER RENEWAL APPLICATION

CAPTAIN HUNT TOBACCONIST
 851 W HARBOR DR #46D
 SAN DIEGO CA 92101

PERMIT TYPE: TOBACCO
 PERMIT NO.: 1989005128
 EXPIRATION DATE: 5/31/2009
 BUS ADDRESS:
 851-D W. HARBOR DRIVE SAN DIEGO, CA 92101

APPLICANTS MUST SUBMIT A COMPLETE APPLICATION AND THE FOLLOWING ITEMS

- BUSINESS TAX CERTIFICATE** (619) 615-1500
- CERTIFICATE OF LIMITED PARTNERSHIP** 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.
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- Check type of ownership and provide verification of filing**
 - Sole Owner
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 - Limited Liability Company (LLC)
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 - Limited Partnership (LP)
 - Registered Domestic Partnership
 - Responsible Managing Officer
 - Partnership
 - 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)

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

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 Name: First Middle Last

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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: _____

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1400 E Street San Diego, CA 92101
(619) 531-2422



January 23, 2009

TOBACCO RETAILER RENEWAL APPLICATION

LARRY FLYNT'S HUSTLER CLUB
 3334 MIDWAY DR
 SAN DIEGO CA 92110-4909

PERMIT TYPE: TOBACCO
 PERMIT NO.: 1981008259
 EXPIRATION DATE: 5/31/2009
 BUS ADDRESS:
 3334 MIDWAY DRIVE SAN DIEGO, CA 92110

APPLICANTS MUST SUBMIT A COMPLETE APPLICATION AND THE FOLLOWING ITEMS

- BUSINESS TAX CERTIFICATE** (619) 615-1500
- CERTIFICATE OF LIMITED PARTNERSHIP** 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
 - Husband & Wife Co-Partnership
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 - Limited Liability Company (LLC)
 - Limited Liability Partnership (LLP)
 - Limited Partnership (LP)
 - Registered Domestic Partnership
 - Responsible Managing Officer
 - Partnership
 - 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)

SUPPLEMENTAL INFORMATION

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Name of your designated responsible managing officer: _____

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

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 Name: First Middle Last

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 Name: First Middle Last Title

 Other names ever used

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REQUIRED APPLICANT DISCLOSURES

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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: _____

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Applicant's Signature _____ Date _____

FOR SDPD USE ONLY:

Accepted by: _____ Date _____

Approved
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Comments: _____



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January 23, 2009

TOBACCO RETAILER RENEWAL APPLICATION

TRIPLE CROWN PUB
 3221 ADAMS AVE
 SAN DIEGO CA 92116

PERMIT TYPE: TOBACCO
 PERMIT NO.: 2000003443
 EXPIRATION DATE: 5/31/2009
 BUS ADDRESS:
 3221 ADAMS AVENUE SAN DIEGO, CA 92116

APPLICANTS MUST SUBMIT A COMPLETE APPLICATION AND THE FOLLOWING ITEMS

- BUSINESS TAX CERTIFICATE** (619) 615-1500
- CERTIFICATE OF LIMITED PARTNERSHIP** 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
 - Husband & Wife Co-Partnership
 - Corporation
 - Limited Liability Company (LLC)
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 - Limited Partnership (LP)
 - Registered Domestic Partnership
 - Responsible Managing Officer
 - Partnership
 - 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.

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 Name Title Residential Address

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 Name: First Middle Last

 Residence Address City State Zip

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 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

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January 23, 2009

TOBACCO RETAILER RENEWAL APPLICATION

BIG K MARKET
 6196 FEDERAL BLVD
 SAN DIEGO CA 92114-1401

PERMIT TYPE: TOBACCO
 PERMIT NO.: 1985006630
 EXPIRATION DATE: 5/31/2009
 BUS ADDRESS:
 6196 FEDERAL BLVD SAN DIEGO, CA 92114

APPLICANTS MUST SUBMIT A COMPLETE APPLICATION AND THE FOLLOWING ITEMS

- BUSINESS TAX CERTIFICATE** (619) 615-1500
- CERTIFICATE OF LIMITED PARTNERSHIP** 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.
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 - Limited Partnership (LP)
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 Residence Address City State Zip

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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

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SAN DIEGO POLICE DEPARTMENT – VICE PERMITS AND LICENSING
1400 E Street San Diego, CA 92101
(619) 531-2422



January 23, 2009

TOBACCO RETAILER RENEWAL APPLICATION

IBIS FOOD MARKET
 1112 FORT STOCKTON DR
 SAN DIEGO CA 92103

PERMIT TYPE: TOBACCO
 PERMIT NO.: 1982007742
 EXPIRATION DATE: 5/31/2009
 BUS ADDRESS:
 1112 FORT STOCKTON DRIVE SAN DIEGO, CA 92103

APPLICANTS MUST SUBMIT A COMPLETE APPLICATION AND THE FOLLOWING ITEMS

- BUSINESS TAX CERTIFICATE** (619) 615-1500
- CERTIFICATE OF LIMITED PARTNERSHIP** 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.

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 - Sole Owner
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 - Limited Partnership (LP)
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Name of your designated responsible managing officer: _____

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

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 Name Title Residential Address

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 Name: First Middle Last

 Residence Address City State Zip

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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

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

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Comments: _____



SAN DIEGO POLICE DEPARTMENT – VICE PERMITS AND LICENSING
1400 E Street San Diego, CA 92101
(619) 531-2422



January 23, 2009

TOBACCO RETAILER RENEWAL APPLICATION

BODY BEAUTIFUL CAR WASH
 4282 CAMINO DEL RIO N
 SAN DIEGO CA 92108-2610

PERMIT TYPE: TOBACCO
 PERMIT NO.: 1979051524
 EXPIRATION DATE: 5/31/2009
 BUS ADDRESS:
 2045 PACIFIC HWY SAN DIEGO, CA 92101

APPLICANTS MUST SUBMIT A COMPLETE APPLICATION AND THE FOLLOWING ITEMS

- BUSINESS TAX CERTIFICATE** (619) 615-1500
- CERTIFICATE OF LIMITED PARTNERSHIP** 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.
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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
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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: _____



SAN DIEGO POLICE DEPARTMENT – VICE PERMITS AND LICENSING
1400 E Street San Diego, CA 92101
(619) 531-2422



January 23, 2009

TOBACCO RETAILER RENEWAL APPLICATION

BODY BEAUTIFUL CAR WASH
 4282 CAMINO DEL RIO NORTH
 SAN DIEGO CA 92108-2610

PERMIT TYPE: TOBACCO
 PERMIT NO.: 1989006330
 EXPIRATION DATE: 5/31/2009
 BUS ADDRESS:
 4282 CAMINO DEL RIO NORTH SAN DIEGO, CA 92108

APPLICANTS MUST SUBMIT A COMPLETE APPLICATION AND THE FOLLOWING ITEMS

- BUSINESS TAX CERTIFICATE** (619) 615-1500
- CERTIFICATE OF LIMITED PARTNERSHIP** 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
 - Husband & Wife Co-Partnership
 - Corporation
 - Limited Liability Company (LLC)
 - Limited Liability Partnership (LLP)
 - Limited Partnership (LP)
 - Registered Domestic Partnership
 - Responsible Managing Officer
 - Partnership
 - 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)

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

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: _____

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January 23, 2009

TOBACCO RETAILER RENEWAL APPLICATION

MINH HUONG SUPERMARKET
 4770 UNIVERSITY AVE
 SAN DIEGO CA 92105

PERMIT TYPE: TOBACCO
 PERMIT NO.: 1996005900
 EXPIRATION DATE: 5/31/2009
 BUS ADDRESS:
 4770 UNIVERSITY AVENUE SAN DIEGO, CA 92106

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