



SAN DIEGO POLICE DEPARTMENT - PERMITS AND LICENSING



TOBACCO INFORMATION SHEET

Tobacco, E-Cigs/Vape, Hookah

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. 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, Telephone # (619) 533-4000, or via the City's website:

<https://www.sandiego.gov/city-clerk/officialdocs/municipal-code>

New applications may be submitted in person at the Office of the City Treasurer located at: [1200 Third Avenue, Suite 100, San Diego, CA 92101](#)

Mailing Address: [SDPD Permits, P.O. Box 122289, San Diego, CA 92112-2289](#)

For questions, contact the Business Tax Program at (619) 615-1500.

Note: Regulation and enforcement will continue to be performed by SDPD.

YOU MUST PROVIDE ALL OF THE FOLLOWING WHEN APPLYING FOR THE ABOVE-MENTIONED POLICE PERMIT. INCOMPLETE APPLICATION PACKETS WILL NOT BE ACCEPTED. WHEN APPLYING FOR THE ABOVE-MENTIONED POLICE PERMIT

- [POLICE PERMIT APPLICATION](#) - Fill out the application completely. Only one of the owner/officers must complete the Police Permit Application. A criminal records check will be made on the applicant. A 30-day investigation period begins at the time the complete application is submitted.
- [BUSINESS ADDENDUM](#) - Each additional corporate officer or partner is deemed an applicant and must complete a Business Addendum application. An applicant who 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, sign and submit all applications on behalf of the corporate officers and partners. A criminal records check will be made on each applicant. A 30-day investigation period begins at the time the complete application package is submitted.
- [BUSINESS TAX CERTIFICATE](#) - City of San Diego Business Tax Certificates can be obtained from the City Treasurer's Office located at 1200 Third Avenue, 1st Floor, San Diego, CA 92101, Telephone No.: (619) 615-1500.
- [CORPORATE ARTICLES, LIMITED PARTNERSHIP DOCS, OR FICTITIOUS BUSINESS NAME STATEMENT](#) - Applicable documentation as filed with State of California and/or County of San Diego.
- [STATE RETAILER CIGARETTE & TOBACCO PRODUCTS LICENSE](#) - Board of Equalization (800) 400-7115
N/A to E-Cigs or Vape Shops
- [LEASE OR RENTAL AGREEMENT](#) - A copy of your lease or rental agreement and amendments for the property the business is to be conducted.
- [IDENTIFICATION](#) - A valid Government issued photo identification card (i.e. driver's license or military ID).
- [FEES](#) - Cash, checks, and credit cards are accepted. Please make checks, money orders, and cashier's checks payable to the **City Treasurer**.

In addition to the annual PD Regulatory fee, all new and renewal permits are assessed a non-refundable Application Fee*. The application fee consists of a \$24 investigative fee (background review) per owner/officer and a \$63 administrative fee (\$59 at the time of renewal).

\$219.00 - Regulatory Permit Fee / Tobacco Retailer
\$87.00 - *Application Fee
\$306.00 - Total



POLICE PERMIT APPLICATION

SUBMIT FORM IN PERSON AT:
OFFICE OF THE CITY TREASURER
1200 THIRD AVE SUITE 100, SAN DIEGO, CA 92101
(619) 615-1500



PERMIT TYPE: _____ BUSINESS TAX CERTIFICATE #: _____

Ownership Type

☐ Sole Proprietor ☐ Partnership ☐ Corporation ☐ LLC ☐ Other _____

Applicable to Entertainment Industry Only

LIVE ENTERTAINMENT:

AGE GROUP EXPECTED ATTENDANCE _____
18 and UP ☐ 0 - 49 persons ☐
21 and UP ☐ 50 or more persons ☐

CIRCLE WHICHEVER APPLIES
DANCING KARAOKE LIVE BAND D.J. OTHER

Applicant's Full Name: _____
Last First Middle

Date of Birth: _____ Driver's License/ID #: _____ State: _____

Other Names (Maiden, Alias, Etc.): _____ Stage Name (A/E): _____

Residence Address: _____ City, State, Zip: _____

Mailing Address: _____ City, State, Zip: _____

Business Phone #: _____ Cell Phone #: _____

Email Address: _____

Social Security #: _____ Place of Birth: _____
City/State/Country

Eyes: _____ Hair: _____ Height: _____ Weight: _____ Race: _____ Sex: _____

Business Where Applicant Expects to be Employed (Applicable to Adult Entertainers, Massage, HHP, Escorts, Tobacco Retailers, Peep Shows):

Business Name: _____

Business Address: _____ City, State, Zip Code: _____

LIST ALL FICTITIOUS NAMES THE BUSINESS WILL OPERATE OR ADVERTISE UNDER:

	FICTITIOUS NAME	PHONE #
1		
2		
3		

FOR OFFICE USE ONLY

App. Date: _____ Permit Number: _____ Received by: _____ ☐ Live Scan Rec: _____

Records Check: _____
Initials/ID #

☐ RI01 ok or _____

Approving Officer: _____ Date: _____

IF APPLICANT IS A CORPORATION:

NAME OF CORPORATION AS SHOWN IN ARTICLES OF INCORPORATION OR CHARTER	DATE OF INCORPORATION	STATE OF INCORPORATION

NAMES AND RESIDENCE ADDRESSES OF EACH CURRENT CORPORATE OFFICER, DIRECTOR, OR PARTNER (INCLUDING LIMITED PARTNERS):

(ADDITIONAL OWNERS/OFFICERS MUST COMPLETE OWNER/OFFICER ADDENDUM)

NAME	TITLE

LIST FULL TRUE NAME AND ANY OTHER NAMES USED BY THE OWNERS AND ANY PERSONS WHO EXERCISE CONTROL OVER THE OPERATION, MANAGEMENT, DIRECTION OR POLICY OF THE BUSINESS, OR WHO ARE RESPONSIBLE FOR THE DAILY OPERATION OF THE BUSINESS:

	FULL NAME	TITLE
1		
2		
3		
4		
5		

APPLICANT'S PREMISES ARE "" ""OWNED "" ""LEASED/RENTED

IF RENTED OR LEASED, PLEASE PROVIDE THE NAME AND ADDRESS OF THE PROPERTY OWNER(S):

PROPERTY OWNER'S NAME	PROPERTY OWNER'S ADDRESS	PHONE #

1. List similar permits or licenses issued by any agency or board, or any city, county, state or federal agency in the past five (5) years.

IF NONE, INITIAL HERE: _____

	TYPE OF LICENSE	LICENSE NUMBER	DATES HELD	CITY AND STATE
1.			From To	
2.			From To	
3.			From To	
4.			From To	
5.			From To	

2. Have you ever had any permit or license issued by any agency or board, or any city, county, state or federal agency denied, suspended or revoked? ☐ Yes ☐ No

If yes, please complete below:

CITY/STATE	DATE OF SUSPENSION OR REVOCATION	REASON
1.		
2.		
3.		

3. List all criminal convictions, including convictions in another state and those under appeal. Include pleading of guilty to a lesser charge in satisfaction of, or as a substitute for, an original charge, and pleadings of *nolo contendere* or no contest. Expunged convictions must be listed per California Penal Code section 1203.4(a). Infractions are excluded.

IF NONE, INITIAL HERE: _____

	CHARGE	DATE CONVICTED	LOCATION OF COURT
1.			
2.			
3.			
4.			

*For additional info in any section, please use separate sheet(s).

APPLICANTS: It is the responsibility of the permit holder to renew the permit no later than fifteen (15) calendar days after the expiration date on the permit. Failure to renew on time will result in a penalty fee of \$25.00 plus 10% of the regulatory fee. If a renewal is not completed with all fees and penalties paid within the following calendar month after the due date, the permit expires and business operations, occupations, or activities allowed by the permit must cease. Any outstanding balance (PD or Business Tax fees) may be referred to our Delinquent Accounts Program.

INITIAL HERE: _____

A police permit is required for any person or entity engaged in any occupation or business deemed to be police-regulated, as set forth in Chapter 3, Article 3 of the San Diego Municipal Code, <http://www.sandiego.gov/city-clerk/officialdocs/legisdocs/muni.shtml>. Under penalty of perjury, applicant understands and agrees: To abide by all federal, state, and local laws; Consent to inspection by the Chief of Police per SDMC § 33.0103; The investigation fee is non-refundable per SDMC § 33.0307; Applications must be complete and truthful; Applicant will not willfully make a false statement or fail to report any material fact in the application per SDMC § 11.0401(b); Any changed circumstance which would have been grounds for denial of the application is grounds for denying a renewal application; Failure to disclose any material circumstance, whether or not such circumstance would have been grounds for denial, is grounds for denying a renewal permit.

INITIAL HERE: _____

To review grounds for denial, please refer to Municipal Code section 33.0305. Municipal Code or specific industry code sections may be accessed at the web address referenced above.

APPLICANT'S SIGNATURE

DATE OF APPLICATION

**PLEASE BE ADVISED THE INFORMATION YOU PROVIDE ON YOUR APPLICATION MAY
BE SUBJECT TO PUBLIC DISCLOSURE PER THE CALIFORNIA PUBLIC RECORDS ACT**



POLICE PERMIT APPLICATION – OWNER/OFFICER ADDENDUM

SUBMIT FORM IN PERSON AT:
OFFICE OF THE CITY TREASURER
1200 THIRD AVE SUITE 100, SAN DIEGO, CA 92101
(619) 615-1500



PLEASE COMPLETE ALL SECTIONS IF APPLICABLE
(TYPE OR PRINT LEGIBLY)

PERMIT TYPE: _____ BUSINESS TAX CERTIFICATE#: _____

Applicant Title: ☐ Partner ☐ Corporate Officer ☐ Other: _____

Applicant's Full Name: _____
Last First Middle

Date of Birth: _____ Driver's License/ID #: _____ State: _____

Residence Address: _____ City, State, Zip Code: _____

Mailing Address: _____ City, State, Zip Code: _____

Residence Phone #: _____ Cell Phone #: _____

Business Name: _____ Email Address: _____

Social Security #: _____ Place of Birth: _____

Eyes: _____ Hair: _____ Height: _____ Weight: _____ Race: _____ Sex: _____

Business Where Applicant Expects to be Employed

Business Name: _____

Business Address: _____ City, State, Zip Code: _____

1. List similar permits or licenses issued by any agency or board, or any city, county, state or federal agency in the past five (5) years.

IF NONE INITIAL HERE: _____

TYPES OF LICENSE	LICENSE NUMBER	DATES HELD	CITY AND STATE
1.		FROM TO	
2.		FROM TO	
3.		FROM TO	

FOR OFFICE USE ONLY

Application Date: _____ Corresponding Permit #: _____ Received by: _____ Live Scan Rec: _____

Records Check: _____ RI01 OK or: _____

Approving Officer: _____ Date: _____

2. Have you ever had any permit or license issued by any agency or board, or any city, county, state or federal agency denied, suspended or revoked? ☐ Yes ☐ No

If yes, please complete below:

CITY/STATE	DATE OF SUSPENSION OR REVOCATION	REASON
1.		
2.		
3.		

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