



# 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: <http://www.sandiego.gov> (Department, City Clerk, Documents, Municipal Code), [SDMC Chapter 3, Article 3, Divisions 1-5, and 45, Sections 33.4501 to 33.4518.](#)

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 ABOVE MENTIONED POLICE PERMIT INCOMPLETE APPLICATION PACKETS WILL NOT BE ACCEPTED FOLLOWING WHEN APPLYING FOR 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 where 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 makes checks, money orders, and cashier’s checks payable to the **City Treasurer**.

In addition to the annual PD Regulatory fee, all permits are assessed a non-refundable \*Application Fee. The application fee consists of a \$15 investigative fee (background review) for one Owner/Officer and a \$44 application fee for new permits (\$39 at time of renewal). Each Owner/Officer applicant will be assessed a \$15.00 investigative fee per background review.

**\$141.00** - Regulatory Permit Fee / Tobacco Retailer  
**\$59.00** - \*Application Fee  
**\$200.00** - 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 \_\_\_\_\_

<i>Applicable to Entertainment Industry Only</i>		<b>LIVE ENTERTAINMENT:</b>
AGE GROUP	EXPECTED ATTENDANCE _____	<b>CIRCLE WHICHEVER APPLIES</b>
18 and UP <input type="checkbox"/>	0 - 49 persons <input type="checkbox"/>	DANCING KARAOKE LIVE BAND D.J. OTHER
21 and UP <input type="checkbox"/>	50 or more persons <input type="checkbox"/>	

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):

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: \_\_\_\_\_  RI01 ok or \_\_\_\_\_  
Initials/ID #

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

1.	TYPE OF LICENSE	LICENSE NUMBER	DATES HELD		CITY AND STATE
			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 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, excluding infractions. Include pleadings of guilty to a lesser charge in satisfaction of, or as a substitute for, an original charge, and pleadings of *nolo contendere*. Expunged convictions must be listed per California Penal Code section 1203.4(a).

**IF NONE, INITIAL HERE:** \_\_\_\_\_

	CHARGE	DATE CONVICTED	LOCATION OF COURT
1			
2			
3			
4			
5			

\*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.

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; Applicant consents to inspection by the Chief of Police per SDMC § 33.0103; Applicant is aware 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.

To review Grounds for Denial, please refer to SDMC §33.0305 of the San Diego Municipal Code or specific industry code sections which 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 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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1			
2			
3			
4			
5			
6			

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APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE OF APPLICATION

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