



CITY OF SOUTH PASADENA

1414 Mission Street. South Pasadena, CA 91030

TOBACCO RETAIL PERMIT APPLICATION

SECTION I: PLEASE TYPE OR PRINT CLEARLY.

1. THIS APPLICATION IS FOR: New Permit Change of Ownership Temporary/Special Event
 Change of Business Name Change of Location

SECTION II: OWNERSHIP INFORMATION

1. PLEASE CHECK TYPE OF OWNERSHIP: Corporation Partnership Corp-Ltd Liability Trust Sole Proprietor

2. INFORMATION FOR EACH BUSINESS OWNER/PROPRIETOR AS DEFINED IN MUNICIPAL CODE 18.101(d) (attach additional sheets if necessary):

1st OWNER NAME:	TITLE:	PHONE
ADDRESS:	CITY:	STATE ZIP:
2nd OWNER NAME:	TITLE:	PHONE
ADDRESS:	CITY:	STATE ZIP:

3. Have any proprietor or agent of the proprietor admitted to violating, or been found to have violated any tobacco retailer permit specifications as outlined in the Municipal Code?
 NO YES (if yes, identify on separate attachment the name/agent, dates and locations of all such violations within the previous five years.)

SECTION III: BUSINESS INFORMATION

1. BUSINESS NAME:

2. PHONE : FAX: EMAIL:

3. BUSINESS ADDRESS (do not list PO Box or mailing service): CITY: STATE ZIP:

4. MAILING ADDRESS (if different from above): CITY: STATE ZIP:

5. CITY OF SOUTH PASADENA BUSINESS LICENSE #:

7. CA STATE BOARD OF EQUALIZATION TOBACCO LICENSE #:

8. CITY OF SOUTH PASADENA TOBACCO RETAIL LICENSE # (if applicable):

SECTION IV: AUTHORIZED ADDRESS

1. SINGLE NAME & MAILING ADDRESS AUTHORIZED BY EACH PROPRIETOR TO RECEIVE ALL COMMUNICATIONS AND NOTICES:

NAME:

AUTHORIZED ADDRESS: CITY: STATE ZIP:

SECTION V: PAYMENT

The fee to issue or renew a Tobacco Retailer Permit is one hundred and twenty dollars (\$120.00). Make checks payable to the City of South Pasadena. Fees are nonrefundable except as may be required by law.

SECTION VI: CERTIFICATION

I agree to comply with the reporting, payment, recordkeeping, and license display requirements as specified. I consent to informing the City in writing of any change in the information submitted on this application within ten (10) business days of a change and understand that all information specified in this application pursuant to this section shall be subject to disclosure under the California Public Records Act (California Government Code section 6250 *et seq.*) or any other applicable law, subject to the laws' exemptions.

I understand that the term of the Tobacco Retailer Permit is one year. I shall apply for renewal and submit the permit fee no later than thirty (30) days prior to the expiration of the term. I understand that the Tobacco Retailer Permit may not be transferred from one Person to another or from one location to another, and that a new Tobacco Retailer Permit is required whenever a Tobacco Retailing location has a change in Proprietor(s).

I DECLARE UNDER PENALTY OF PERJURY THAT THIS APPLICATION HAS BEEN EXAMINED BY ME, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IS A TRUE, CORRECT AND COMPLETE STATEMENT OF FACTS.

This form must be signed by all Proprietors. Attach additional forms with authorization signed by all Proprietors if necessary.

SIGNATURE	TITLE
NAME (type or print)	DATE
SIGNATURE	TITLE
NAME (type or print)	DATE