

APPLICATION
TOBACCO RETAILER LICENSE
New Applicant Fee: \$510
Renewal Fee: \$470
(Fee is Non-Refundable)

Existing Tobacco License No. (applies to renewal applications only): _____

HEALTHY FOOD EXEMPTION

Request for Health Food Exemption:

Visit www.cityofsacramento.org/TRLExemption to review requirements to qualify for the exemption.

Do not check the box if you are not requesting the exemption.

REQUIREMENTS TO SUBMIT WITH THIS APPLICATION

- (1) The **Tobacco Retailer License Application** – completed, signed and accurate
- (2) A copy of a valid and current **Tobacco Retailer License** issued by the California Department of Tax and Fee Administration
- (3) A copy of a current and valid **Business Operating Tax Certificate** issued to the business by the City of Sacramento
- (4) A copy of an approved Conditional Use Permit to retail tobacco issued by the Community Development Department **(New Applicants Only)**
- (5) A check or money order made payable to CITY OF SACRAMENTO mailed or delivered to:

ATTN: Business Compliance Unit / Tobacco Retailer License
300 Richards Blvd, 3rd floor,
Sacramento, CA 95811

**** Applications submitted without all the requirements listed above will be rejected or denied ****

BUSINESS INFORMATION

Name of Business:		Business Contact No.:	
Business Address:		City/State/Zip:	
Billing Address:		City/State/Zip:	

OWNERSHIP

Has the ownership of the tobacco retailer store changed since the last tobacco license issued?

YES – If yes, provide the name of the previous owner: _____

NO

OWNERSHIP STRUCTURE

<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company
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PROPRIETOR 1

“Proprietor” means a person with an ownership or managerial interest in a business. An ownership interest shall be deemed to exist when a person has a 10% or greater interest in the stock, assets, or income of a business other than the sole interest of security for debt. A managerial interest shall be deemed to exist when a person has, or can have, sole or shared control over the day-to-day operations of a business.

Name of Proprietor 1:		Contact No.:	
Home Address:		City/State/Zip:	
Email:			

CORPORATION / LIMITED LIABILITY COMPANY

Provide the corporation's name as filed with the California Secretary of State. Provide the entity name, entity number and the information requested below.

Corporate Name:		Contact No.:	
Corporation Number:			
Mailing Address:		City/State/Zip:	
Email:			
Name of Agent for Service of Process:			
Address for Agent for Service of Process:		City/State/Zip	

REQUIREMENTS FOR TOBACCO RETAILER LICENSE

PLEASE NOTE, Sacramento City Code section 5.138.040(B), prohibits the issuance of a new tobacco license and a renewal (if an existing license is expired) if another tobacco license is within 1,000 feet of the desired location. Please visit cityofsacramento.gov/community-development/code-compliance/business/tobacco for information on restriction and updated restrictions.

HEALTHY FOOD EXEMPTION

Sacramento City Code 5.138.040 (B)(2) provides exemption to the 1,000-foot requirement when "A licensee that devotes no more than 5% of total shelf space to tobacco product and at least 10% of shelf space to all of the following: fresh or healthy food; fresh fruits and vegetables; juice and dairy products; meat, fish or poultry; and fresh baked goods, breads, and cereals".

Refer to the Healthy Food Exemption form found at cityofsacramento.gov/community-development/code-compliance/business/tobacco for additional requirements if you are applying for this exemption.

Affirmation Certification: I /we, the undersigned, read and understand all requirements of the Sacramento City Code Chapter 5.138. I declare under penalty and perjury under the laws of the State of California that the information provided above is true and correct.

Proprietor 1	Title	Date	Signature
Proprietor 2	Title	Date	Signature

Please contact (916)808-8038 or email BC@cityofsacramento.org and a representative can help. You may also call to request an in-person consultation.

OFFICIAL USE ONLY

APPROVED: <input type="checkbox"/>	DENIED: <input type="checkbox"/>
Approved By:	Denied By:
Date Reviewed:	