



**CITY OF SACRAMENTO
COMMUNITY DEVELOPMENT DEPARTMENT
TOBACCO RETAILER LICENSE APPLICATION**

Tobacco Retailer License Fee is \$370

Retail business name, address and phone # (where tobacco to be sold/fixed license will appear):

Is the retail business owned by a (check one): Sole Proprietor Partnership or Corporation?

Tobacco Retailer License # _____ Business Operation Tax Certificate #: _____

Name, business address and phone # of sole proprietor, partnership or corporation checked above:

*Is proposed location located within 1,000 feet of a public or private K-12 school? Yes No

If **yes**, what is the square footage of the proposed retail location? _____

Has applicant previously been issued a tobacco retailer license under the above retail business name **or any other name** pursuant to Sacramento City Code Chapter 5.138? Yes No

If yes, list the names and addresses on **all** previously issued tobacco retailer licenses:

Were any of the licenses identified above ever suspended or revoked? Yes No

If yes, please give the licensee name(s), reason for suspension or revocation and date(s) of suspension period or revocation:

I have read and understand SCC Chapter 5.138. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

X _____
Signature Printed Name Title Dated

X _____
Signature Printed Name Title Dated

(If a partnership, all authorized partners must sign. If a corporation, authorized officer must sign)

Mail or Deliver the application with a check or money order of \$370 for the license fee to:

City of Sacramento
Community Development Department
Attention: Tobacco Retailer License Program
300 Richards Bl., 3rd Floor
Sacramento, CA 95811

For further information, please call 916-808-8146

Please note if proposed store location is within 1000 feet of a public or private K-12 school, a zoning administrator's special permit may be required.

FOR OFFICE USE ONLY

After reviewing the application on _____ 20____,

I RECOMMEND the issuance of a Tobacco Retailer License **Current BOT**

I DISAPPROVE the issuance of a Tobacco Retailer License for the following reasons: **SPD Ok**

ZA S.P. Ok

X _____
Signature Title Date