



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

**Tobacco Retailer License Renewal 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:

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 check or money order of \$370 and invoice to:**

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

For further information, please call 916-808-8146

**FOR OFFICE USE ONLY**

**Current BOT**

After reviewing the application on \_\_\_\_\_ 20\_\_\_\_,

- I RECOMMEND the issuance of a Tobacco Retailer License
- I DISAPPROVE the issuance of a Tobacco Retailer License for the following reasons:

X \_\_\_\_\_  
Signature Title Date