

Code Compliance Division Business Compliance Unit Main Phone: (916) 808-8038

E-Mail: BC@cityofsacramento.org

APPLICATION

TOBACCO RETAILER LICENSE Annual Fee: \$370

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	O SUBMIT WITH THIS APP	LICATION				
(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							
(5) A check or money order made payable to CITY OF SACRAMENTO in the amount of \$370.							
Items 1 – 5 must be submitted together and can be mailed to: ATTN: Business Compliance Unit / Tobacco Retailer License 300 Richards Blvd, 3 rd floor, Sacramento, CA 95811 **Applications submitted without all the requirements listed above will be rejected or denied**							
	BUS	INESS 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 ownership since the last tobacco license issued?							
YES – If yes, provide the name of the previous owner:							
	de the name of the previous o	WHOI.					
NO NO							
OWNERSHIP STRUCTURE							
Sole Proprietor	Corporation	Partnership	Limited Liability Company				
PRIORIETOR 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/Z	ip:				
Email:		•					



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CORPORATION / LIMITED LIABILITY COMPANY							
Provide the corporation's information requested be	s name as filed with the California Selow.	Secretary of State. Pro	vide the entity	name, entity number and the			
Corporate Name:		Co	ntact No.:				
Corporation Number:		<u>. </u>					
Mailing Address:		Cit	y/State/Zip:				
Email:							
Name of Agent for Service of Process:		The state of the s					
Address for Agent for Service of Process:		Cit	y/Sate/Zip				
	REQUIREMENTS FOR	TOBACCO RETAIL	ER LICENSI	=			
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 www.cityofsacramento.org/flavoredtobaccoban for information on restriction and updated restrictions.							
HEALTY 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 www.cityofsacramento.org/flavoredtobaccoban for additional requirements if you are applying for this exemption.							
Code Chapter 5	ertification: I /we, the undersigned 5.138. I declare under penalty and e is true and correct.						
Proprietor 1	Title	Date	Signature)			
Proprietor 2	Title	Date	Signature	3			
Please contact (916)808-8038 or email BC@cityofsacramento.org and a representative can help. You may also call to request a scheduled an in-person consultation.							
OFFICIAL USE ONLY							
APPROVED:		DENIED:					
Approved By:		Denied By:	Denied By:				
Date Reviewe	ed:						