

**TOBACCO RETAIL LICENSE - APPEAL FORM**

Incomplete forms will not be accepted.

I hereby appeal Suspension or Revocation or Denial of a tobacco retailer license (SCC 5.138) by:

Name(s) on License:			
Address on License:			
Case #			
<b>1. Brief statement of the specific action protested:</b>			
<b>2. Material facts supporting the appeal:</b>			
<b>3. Brief statement of relief sought:</b>			
<b>4. Reasons why the protested action should reverse or set aside:</b>			
<b>5. I will have legal representation at the Appeal Hearing</b> _____ Yes _____ No			
<b>6. My legal representative is:</b>			
Name		Phone (    )    -	
I hereby certify under penalty of perjury that the foregoing is true and correct.			
Printed Name			
Title/Relation to License			
Address			
City		State/Zip	
Contact Telephone		Cell Phone	
E-Mail Address			
Signature		Date	

Return this **completed** form with Appeal Fees of \$400.00 to:

**City of Sacramento**  
**Community Development Department/Code Compliance Division**  
**ATTN: Tobacco Retailer License Program**  
 300 Richards Blvd., 3<sup>rd</sup> Floor  
 Sacramento, CA 95811