



City of Emeryville

INCORPORATED 1896

1333 Park Avenue, Emeryville, CA 94608-3517

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Tobacco Retailer License Application

| | | | |
|---|----------------|---|--|
| Application Date: | | This application is for: <input type="checkbox"/> New License <input type="checkbox"/> Renewal <input type="checkbox"/> Change of Ownership | |
| Business Information (License and future correspondences will be mailed to the business mailing address listed below.) | | | |
| Business Name: | | DBA Name (if applicable): | |
| Business Address: | | | |
| Mailing Address (if different): | | | |
| Primary Phone No.: | | Alternate Phone No.: | Email Address: |
| Hours of Operation: | | Business Type (choose one): | |
| Existing License / Permit Information (Please provide copies of all licenses and permits listed below.) | | | |
| Emeryville Business License No.: | | California Cigarette & Tobacco Products Retailer License No.: | |
| Business Owner Information (All owners must be listed. Attach additional pages for more owners if necessary.) | | | |
| #1 Business Owner Name: | | Phone No.: | Email Address: |
| Mailing Address: | | | |
| Date of Birth: | | Driver's License / ID No.: | Expiration Date: |
| #2 Business Owner Name: | | Phone No.: | Email Address: |
| Mailing Address: | | | |
| Date of Birth: | | Driver's License / ID No.: | Expiration Date: |
| Within five years from the date of this application, has the applicant, business, business owner(s) or any of other employees of the business, been found to have violated any federal, state, county or local laws or regulations applicable to tobacco products, drug paraphernalia or tobacco retailing? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, attach an explanation) | | | |
| Within two years from the date of this application, has your tobacco business undergone any changes in ownership and/or share distribution? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, attach an explanation) | | | |
| <p>Pursuant to City of Emeryville Ordinance Number 24-005, a Retail License from the City of Emeryville is required for the sale and distribution of tobacco products and tobacco paraphernalia. Licensees are required to comply with all Federal, State, County and City Laws in operation of their business. By signing the application, each Owner: 1) Acknowledges that they have been informed of the Tobacco Retailers Ordinance Number 24-005 which includes the performance standards, associated fees, and regulations; 2) Authorizes City enforcement officers to enter any site or into any structure for the purpose of investigation, provided they do so in a reasonable manner, whenever necessary to the investigation of violations of Alameda County Ordinance Number 24-005 ; and 3) Acknowledges that refusing to permit such entry to any City enforcement officer for the purpose of investigation constitutes a violation of City Ordinance Number 24-005 and shall be subject to penalties pursuant to City Ordinance Number 24-005. Any location issued a Tobacco Retail License is not allowed to sell tobacco products to any person under the age of 21 years old. Selling tobacco without a license is a serious offense and could result in the substantial denial of future Tobacco Retail Licenses. Licenses are issued to fixed addresses only and each address requires a separate license. Your signature(s) below represents your agreement to comply with the Tobacco Retailer Licensing application requirements per the ordinance.</p> <p>I hereby apply for a Tobacco Retail License with the appropriate fees attached to operate at the above listed address in the City of Emeryville. I also hereby declare under penalty of perjury the information on this application and items submitted are true and correct.</p> | | | |
| #1 Owner (Printed) | | #1 Owner (Signature) | Date |
| #2 Owner (Printed) | | #2 Owner (Signature) | Date |
| For Office Use Only | | | |
| Date Received: | Processed By: | | Existing Licenses/Permits Submitted: <input type="checkbox"/> CATRL <input type="checkbox"/> CASP <input type="checkbox"/> COEBL <input type="checkbox"/> COEUP |
| APN: | Zoning: | GP/SP: | Misc: |
| TRL No.: | Amount Due: \$ | Amount Paid: \$ | Method: <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order/Cashier Check |