



Application for a Tobacco Retail License  
\$331 Annual Fee for 2018-2019

Check One:  New License     Annual Renewal     Re-issuance License  
 I DO NOT SELL TOBACCO

Name of Business (DBA): \_\_\_\_\_ Phone # (    ) \_\_\_\_\_  
Business address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Billing address (if different): \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Email/Website: \_\_\_\_\_ Liquor License # \_\_\_\_\_

Type of Business Ownership:  Sole Proprietor     Partnership     Corporation

**A PROPRIETOR PROPOSING TO CONDUCT TOBACCO RETAILING AT MORE THAN ONE LOCATION SHALL SUBMIT A SEPARATE APPLICATION FOR EACH LOCATION.**

“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 ten (10) percent 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 can or does have or share ultimate control over the day-to-day operations of a business. "Person" means any natural person, partnership, cooperative association, corporation, personal representative, receiver, trustee, assignee, or any other legal entity.

**Proprietor No. 1** \_\_\_\_\_ Phone # (    ) \_\_\_\_\_  
Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
E-mail \_\_\_\_\_

**Proprietor No. 2** \_\_\_\_\_ Phone # (    ) \_\_\_\_\_  
Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
E-mail \_\_\_\_\_

**Proprietor No. 3** \_\_\_\_\_ Phone # (    ) \_\_\_\_\_  
Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
E-mail \_\_\_\_\_

If Business is owned by a Corporation, give name of Corporation exactly as on file with the California Secretary of State, providing the entity name, entity number, address and telephone number for the Corporation. Provide the name and address for the Agent for Service of Process:

**CORPORATE INFORMATION**

Corporate Name: Number: \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Agent for Service of Process: \_\_\_\_\_

It is the owner’s responsibility to ensure that all employees and retail associates are informed of all Federal, State, and local tobacco related laws pertaining to the Tobacco Retail License.

**Affirmation Certification:** I/we, the undersigned, declare under penalty of perjury that all of the information provided in this application is true, complete and accurate and that:

1. I/we are informed of the laws affecting Tobacco Retail Licenses and shall ensure that all employees and retail associates are informed of all Federal, State, and local tobacco-related laws pertaining to the license
2. I/we do not and/or will not sell drug paraphernalia at the location for which the license is sought.
3. I/we have not violated any local, State or Federal Tobacco Control Laws within the preceding twelve (12) months. If yes, provide date and type of violation: \_\_\_\_\_

**Proprietor(s) Name(s) and Signature(s):**

**No. 1:** Print Name \_\_\_\_\_ Signature \_\_\_\_\_  
Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**No. 2:** Print Name \_\_\_\_\_ Signature \_\_\_\_\_  
Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**No. 3:** Print Name \_\_\_\_\_ Signature \_\_\_\_\_  
Date \_\_\_\_/\_\_\_\_/\_\_\_\_

- Please submit:** (1) Application  
(2) A copy of the California Department of Tax and Fee Administration Cigarette and Tobacco License.  
Current License No: \_\_\_\_\_  
(3) Check or money order for \$331 made payable to: County of Monterey.

**Mail to: Attn: Tobacco Control Program  
1441 Schilling Place-South 1<sup>st</sup> Floor, Salinas, CA, 93901**

For Office Use Only:  TRL Approval by: _____ Date: ____/____/____ Payment Amt: \$ _____ Type _____
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