



Tobacco Retailer License Renewal Application

COUNTY OF SONOMA, DEPARTMENT OF HEALTH SERVICES

490 Mendocino Ave., Suite 101, Santa Rosa, CA 95401



Place of Business

Name of Business _____ Business Phone _____

Location of Business _____ City _____ Zip _____

Primary authority at place of business Owner Manager Name _____

If manager to be contacted, what is their best contact number? _____

For any communications required to be mailed, please send to:

Street Address _____ City _____ State _____ Zip _____

California State Board of Equalization (BOE) Tobacco Retailer License #: _____ Expiration Date: _____

Do you sell alcohol? Yes No

If yes, California Dept. of Alcohol Beverage Control (ABC) License # and Expiration Date _____

Type of Business: Sole Proprietorship Partnership LLC Corporation

For **Sole Proprietorship or Partnership**, complete the following:

1. Applicant 1/Owner 1 Name: _____ Title _____

Owner 1 Address: _____ City _____ State _____ Zip _____

Owner 1 Phone: _____ Owner 1 email: _____

2. Applicant 2/Owner 2 Name: _____ Title _____

Owner 2 Address: _____ City _____ State _____ Zip _____

Owner 2 Phone: _____ Owner 2 email: _____

3. Applicant 3/Owner 3 Name: _____ Title _____

Owner 3 Address: _____ City _____ State _____ Zip _____

Owner 3 Phone: _____ Owner 3 email: _____

For **LLC or corporation**, complete the following:

Name of Corporation _____

Corporate representative name _____ Title _____

Email _____ Corporate phone _____

Corporate Address _____ City _____ State _____ Zip _____



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1. I/we are informed of the laws affecting Tobacco Retailing 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 (as defined in California Health & Safety Code, Section 11014.5) at the location for which the license is sought (Sonoma County Ordinance 6149, Section 32A (g)).

By signing here, I/we, the undersigned, declare under penalty of perjury that all of the information provided in this application is true, complete and accurate. Any false or dishonest answer to any questions may be grounds for denial or subsequent revocation of the certificate, license, or permit.

Responsible Parties—All Owner(s) or the Corporate Representative—Must Sign.

Signature/Date

Signature/Date

Signature/Date

Signature/Date

Signature/Date

Signature/Date

Please note that the Department shall be informed, in writing, of any change in the information submitted within ten (10) business days of a change. Upon receipt of this application and the annual license fee, the Department will review said application and approve or deny, as appropriate.

Information in this application may be considered public information and subject to disclosure under the California Public Records Act (California Government Code §6250 et seq.) or any other applicable law.