ALAMEDA COUNTY
Community Development Agency

County of Alameda – Community Development Agency – Planning Department
224 West Winton Avenue, Room 111, Hayward, California 94544
Phone: 510.670.5400 Fax: 510.785.8793 www.acgov.org

Tobacco Retailer License Application

Application Date: _____

Reason for Application (check one): ☐ Renewal (Existing TRL # _____) ☐ New License ☐ 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 Type: ☐ Individual Sole Proprietor ☐ Corporation ☐ Partnership ☐ LLC ☐ Other (Attach additional documents, if necessary)	
Business Address:	
Business Mailing Address (if different):	
Business Phone#:	Alternate Phone# (if applicable):
Business Email:	Hours of Operation:

Existing License/Permit Information – Please provide copies of all licenses and permits listed below

Alameda County Business License #:	California Cigarette & Tobacco Products Retailer License #:

Business Owner Information (*ALL OWNERS MUST BE LISTED*. Attach additional pages for owners if necessary)

#1 Business Owner Name:	Phone #:	Email:
Mailing Address:		
Date of Birth:	DL / ID #:	Expiration:

#2 Business Owner Name:	Phone #:	Email:
Mailing Address:		
Date of Birth:	DL / ID #:	Expiration:

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? ☐ No ☐ 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?
☐ No ☐ Yes (If yes, attach an explanation)

Pursuant to Alameda County Ordinance 3.58, a Retail License from the County of Alameda is required for the sale and distribution of tobacco products and tobacco paraphernalia. Licensees are required to comply with all Federal, State, and County Laws in operation of their business. By signing the application, each Owner: 1) Acknowledges that they have been informed of the Tobacco Retailers Ordinance Chapter 3.58 which includes the performance standards, associated fees, and regulations; 2) Authorizes County 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 Ordinances 3.58 and 3.59; and 3) Acknowledges that refusing to permit such entry to any County enforcement officer for the purpose of investigation constitutes of a violation of Alameda County Ordinance 3.58 and shall be subject to penalties pursuant to Alameda County Ordinance 3.58. 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.

I hereby apply for a Tobacco Retail License with the appropriate fees attached to operate at the above listed address in the County of Alameda. I also hereby declare under penalty of perjury the information on this application and items submitted are true and correct.

_____	_____	_____
#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: ☐CATPRL ☐CASP ☐ ACBL		
APN:	Zoning:	GP/SP:	Misc:	
TRL #:	Amount Due: **$940.00**	Amount Paid:	Method: ☐Check ☐Credit Card ☐MO/Cashier's Chk	