



TOBACCO RETAIL LICENSE APPLICATION

BUSINESS INFORMATION

Name of Business: _____

Business Address: _____

(not PO Box or
mailbox)

Number

Street Name

Suite No.

City

State

ZIP Code

Mailing address: _____

(If different)

Number

Street Name

Suite No.

City

State

ZIP Code

Business phone: _____ **FAX:** _____

Emergency phone: _____ **Email:** _____

City of San Marcos Business License Number: _____ **Expiration:** _____

State of California (BOE) Tobacco License Number: _____ **Expiration:** _____

Please provide a copy of your State license with your application.

OWNERSHIP INFORMATION

Ownership type: ☐ Sole proprietorship ☐ Partnership ☐ Corporation ☐ LLC ☐ LLP

Primary Owner: _____

Address: _____

Street address

City

State

ZIP

Phone: _____ **Email:** _____

Other Owner/Contact/ Manager: _____

Address: _____

Street address

City

State

ZIP

Phone: _____ **Email:** _____

TOBACCO RETAIL LICENSE – APPLICATION

OTHER TOBACCO RETAIL

Do you own or operate a business in another California city where a Tobacco Retail License is required?

☒ **YES***

☐ **NO**

*If YES, what city/cities? _____

*If YES, have you received any warnings, penalties or notices of violations of that Tobacco Retail License? If so, please explain: _____

ACKNOWLEDGEMENT AND SIGNATURE

San Marcos Ordinance No. 2016-1428 prohibits the sale of drug paraphernalia as a condition of a Tobacco Retail License. Drug paraphernalia is defined as any items listed in California Health and Safety Code 11014.5, as that section may be amended from time to time (see attached current list).

I declare under penalty of perjury, under the laws of the State of California, that this application is true and correct to the best of my knowledge. I certify that I will sell tobacco products in accordance with all applicable federal, state, and local laws and regulations. I further understand that any false statements made in this application are grounds for denial or revocation of the Tobacco Retail License.

Signature of owner or authorized agent: _____ **Date:** _____

Printed name of owner/agent: _____

Submittal Process: Applications should be submitted via email to: HANSLicensing@san-marcos.net. For renewals, applicants will receive notification of their fee upon application review and approval.

FEE: \$307.17