



## County of San Diego Tobacco Retail License Application FY22-23

- Renewal (Must be currently licensed by County.)
- New (New applications for retailers located within 500 feet of another tobacco retailer in the unincorporated area cannot be approved.)
- Transfer of Ownership (The license may only be transferred to an immediate family member, defined as parent, child, spouse, or domestic partner. A signed and completed Transfer of Ownership Certification Form must be submitted with the application.)

### Section 1: Store Information

Store Name/DBA		Store/Branch # (If applicable)	
Street Address of Store (Must be located in the unincorporated area of San Diego County)			
City	State	Zip	
Phone Number of Store		Days and Hours of Operation	
State Tobacco Retail License Number		State Tobacco Retail License Expiration Date MM/DD/YYYY	
ABC License? <input type="checkbox"/> Yes <input type="checkbox"/> No	ABC License #	Adult-Only Store 21+? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has this store had any violations of local, state, or federal tobacco laws within the last 5 years? If Yes, please explain in <b>Section 8, Comments.</b> <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>			
Store Type: (Check one box.)			
<input type="checkbox"/> Liquor Store <input type="checkbox"/> Smoke Shop <input type="checkbox"/> Vape Shop	<input type="checkbox"/> Supermarket/Small Market/Deli/Convenience Store/Gas Station <input type="checkbox"/> Hookah/Cigar/Smoking Lounge <input type="checkbox"/> Other (Specify here.) _____		



This Section is For Hookah/Cigar/Smoking Lounges ONLY	
Is this a Permitted Food Facility? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are food or beverages prepared, served, or consumed anywhere on the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No
Which tobacco products do you sell? <i>(Check all that apply.)</i> <input type="checkbox"/> Hookah/shisha <input type="checkbox"/> Cigars <input type="checkbox"/> Other Tobacco Products	
Is smoking permitted indoors? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is smoking permitted outdoors? <input type="checkbox"/> Yes    No <input type="checkbox"/>

## Section 2: Ownership Information

<b>Ownership Type</b> <i>(Check one box.)</i> <input type="checkbox"/> Individual Owner <i>(Copy of Driver's License/Government ID required.)</i> <input type="checkbox"/> Partnership <i>(Please identify one partner in this section; space is provided for additional partners in Section Seven. Copy of Driver's License/Government ID required for this partner only.)</i> <input type="checkbox"/> LLC <i>(Please identify registered agent in this section. Copy of Driver's License/Government ID required.)</i> <input type="checkbox"/> Corporation <i>(Please identify corporate representative in this section. Employer Identification Number required instead of Driver's License.)</i>		
Has a change in ownership occurred since January 1, 2022? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of Business		Employer Identification Number <i>(Corporations only)</i>
First Name <i>(Owner/Partner/Agent/Corporate Representative)</i>		Last Name
Driver's License Number/Government ID <i>(Owner/Partner/LLC Agent; not required for corporations)</i>		Expiration Date MM/DD/YYYY
Business Phone	Cell Phone	Email Address
Is business address same as store address? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Please provide address below.)</i>		
Business Mailing Address <i>(This is where we will send your official Tobacco Retail License. If you do not provide a business address, we will use the store address.)</i>		
City	State	Zip



### Section 3: Designated Contact Person if Other Than Individual Listed Above (Optional)

To designate someone else as the person County staff should work with, please complete information below:

Person's Role in Business (Check one box.)		
<input type="checkbox"/> Employee/Manager/Other Corporate Representative Legal		
<input type="checkbox"/> Agent (e.g., accountant, business agent, attorney)		
<input type="checkbox"/> Other (Specify here.) _____		
First Name		Last Name
Business Phone	Cell Phone	Email Address

### Section 4: Acknowledgment and Signature

I/We declare under penalty of perjury under the laws of the State of California that the statements above are true and correct. I/We understand that any false statements made in this application are grounds for denial or revocation of the TRL. I/We further acknowledge that receipt of the County of San Diego TRL does not relieve me/us from meeting other local, State, and Federal requirements. I/We certify that I/we will sell tobacco products in accordance with all applicable local, State, and Federal laws and regulations.

Role of Authorized Signer (Check one box.)		
<input type="checkbox"/> Individual Owner Partner Registered Agent for LLC	<input type="checkbox"/> Employee/Manager/Corporate Representative	<input type="checkbox"/> Legal Agent (e.g., accountant, business agent, attorney)
<input type="checkbox"/> Other (Specify here.) _____		
First Name of Authorized Signer		Last Name
Business Phone	Cell Phone	Email Address
Signature (Retailers can type in first name and last name to serve as their signature OR print, manually sign, and scan document).		
Date		

### Section 5: How to Pay the Tobacco Retail License Fee and Save the Receipt

The fee for the Tobacco Retail License is \$730, plus processing fees, payable online. Complete the payment using this link: <https://payments.lexisnexis.com/ca/sandiego/trl>. When you are done, select "Print", then "Adobe PDF", and then "Print" to save the receipt to your computer. You will need to submit the receipt with your application.



## Section 6: How to Complete Your Application

Use this checklist to gather everything you need.

- Signed and completed Application Form
- Receipt for TRL fee
- Copy of State of California Tobacco Retailer License
- Signed and completed TRL Affirmation Form
- Driver's License or Other Government ID (Required ONLY for individual owner/primary partner/LLC registered agent.)
- Signed and completed Transfer of Ownership Certification Form: Required ONLY if ownership has been transferred to a parent, child, spouse, or domestic partner.)

If you have questions or need help gathering or downloading the required information, please contact us at [TRLApplications.HHSA@sdcounty.ca.gov](mailto:TRLApplications.HHSA@sdcounty.ca.gov) or leave a message at 619-542-4178 to request assistance.

## Section 7: How to Submit Your Application

When you have assembled all required documentation, email all documents to: [TRLApplications.HHSA@sdcounty.ca.gov](mailto:TRLApplications.HHSA@sdcounty.ca.gov)  
Please put this in the subject line: **TRL Application for Your Store Name.**

Applications to renew the license are due no later than August 29, 2022. Retailers that are currently licensed will be allowed to continue to sell tobacco products through August 29, 2022 without penalties.

Application processing will take approximately four to eight weeks. The County of San Diego will not impose penalties for selling tobacco products without a license on a retailer whose application is being processed.

Upon approval of the TRL application, the County of Diego will send the TRL to the business mailing address. Any changes to the information submitted must be emailed within five days of a change to: [TRLApplications.HHSA@sdcounty.ca.gov](mailto:TRLApplications.HHSA@sdcounty.ca.gov).

The County of San Diego encourages you to save a copy of this application for your records.

## Section 8 (Optional): Additional Owners/Partners and Questions/Comments

*Note: A copy of the driver's license or government ID does NOT need to be submitted for additional owners/partners.*

First Name		Last Name	
Email Address	Driver's License/Govt ID Number	Expiration Date MM/DD/YYYY	

First Name		Last Name	
Email Address	Driver's License/Govt ID Number	Expiration Date MM/DD/YYYY	



First Name		Last Name	
Email Address	Driver's License/Govt ID Number	Expiration Date MM/DD/YYYY	

First Name		Last Name	
Email Address	Driver's License/Govt ID Number	Expiration Date MM/DD/YY	

**Comments:** Please use this area to explain any violations of local, state or federal tobacco laws within the last five years, or to ask questions or provide input to the program: