

County of San Diego Health and Human Services Agency  
**TOBACCO RETAIL LICENSE (TRL) APPLICATION**  
PAGE 1 OF 2



This application is for:

- |                         |                     |
|-------------------------|---------------------|
| New permit              | Change of location  |
| Change of business name | Renewal             |
| Change of ownership     | Transfer of license |

## BUSINESS AND OWNERSHIP INFORMATION

**Business Name:**

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**Type of Ownership:**

Individual      Corporation      Partnership      Other

**Owner(s):**

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**Business Address:**

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Street Address      Suite No.

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City      State      Zip Code

**Mailing Address:**

*(if different from business address)*

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Street Address      Suite No.

*NOTE: If approved, the TRL will be sent to this address.*

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City      State      Zip Code

**Primary Contact Information:**

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Business Phone      Mobile Phone

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Email

By clicking here, I request to receive TRL-related communication from the County of San Diego via e-mail. *NOTE: Approved TRLs will always be sent via postal mail.*

**State of California  
Department of Tax and Fee  
Administration Cigarette and  
Tobacco Products License  
Information:**

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State License Number      Expiration Date

## ACKNOWLEDGEMENT 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.

Signature of owner or authorized agent: \_\_\_\_\_

Date: \_\_\_\_\_

Printed name of owner or agent: \_\_\_\_\_

## INSTRUCTIONS FOR SUBMISSION

Send completed application, copy of owner driver license(s) or governmental ID(s), a copy of the State of California Department of Tax and Fee Administration Cigarette and Tobacco Products License, and proof of family member relationship (for license transfers ONLY) to one of the options below:

- 1. E-mail:** tobacco@sdcounty.ca.gov. Please use the subject line: "TRL Application *Your Business Name*".  
Ex. "TRL Application Tobacco Retailer"
- 2. Mail:** Attention: TCRP Compliance Officer  
Maternal, Child, & Family Health Services  
3851 Rosecrans Street, P511H  
San Diego, CA 92110-3115

Application processing will take a minimum of eight weeks. The County of San Diego will not carry out compliance monitoring activities at a retailer whose application is being processed.

Upon approval of the TRL application, the County of Diego will send the TRL to the mailing address above. Any changes to the information submitted above must be submitted to the mailing address or e-mail above within ten business days of a change.

**The County of San Diego encourages you to save a copy of this application for your records. If you are printing your application, save a copy before clicking 'print'.**

If you would like to schedule a virtual appointment with the Tobacco Control Resource Program Compliance Officer, e-mail tobacco@sdcounty.ca.gov with the subject line "Technical Assistance Appointment."

## DO NOT WRITE BELOW. FOR COUNTY USE ONLY

Approved

Denied

Date: \_\_\_\_\_

License sent out on: \_\_\_\_\_

License number: \_\_\_\_\_

Comments: \_\_\_\_\_