



County of San Diego

Tobacco Retail License Application FY23-24

Choose Application Category (check one)

- ☐ **Renewal Application:** *Choose this category if BOTH statements are true:*
- ☐ The business owner and location are currently licensed by the County.
 - ☐ Ownership, ownership type, or location have not changed since receiving County Tobacco Retail License.
- ☐ **New Application:** *Choose this category if ANY of the following statements is true since receiving County Tobacco Retail License:*
- ☐ Ownership has changed (for example, existing location sold to new owner).
 - ☐ Type of ownership has changed (for example, from individual owner to corporation.)
 - ☐ Location of store has changed (for example, owner moves store to a different location).
 - ☐ This is a new tobacco retail store.
- ☐ **Transfer of Ownership Application:** *Choose this category if:*
- ☐ The license is being transferred to an immediate family member, defined as parent, child, spouse, or domestic partner.

Click [here](#) for a checklist to gather everything you need for your application category.

Section One: 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		Expiration Date MM/DD/YYYY	
Adult-Only Store (Must be 21 or over to enter)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Has this store changed location since receiving a County Tobacco Retail License? <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 Section Six. <input type="checkbox"/> Yes <input type="checkbox"/> No			

Store Type: (Check one box.)

- ☐ Vape Shop (Vape products only, no other tobacco products.)
- ☐ Smoke Shop (Variety of tobacco products, can include vape products.)
- ☐ Liquor Store
- ☐ Supermarket/Small Market/Deli/Convenience Store/Gas Station
- ☐ Hookah/Cigar/Smoking Lounge (Complete next section below.)
- ☐ Other (Explain here.) _____

This Section is For Hookah/Cigar/Smoking Lounges ONLY

Is this location a County Permitted Food Facility? ☐ Yes ☐ No

Does this location have a Sidewalk Café permit from the County? ☐ Yes ☐ No

Do you serve alcohol? ☐ Yes ☐ No

Do you have an ABC license? ☐ Yes ☐ No

Are food and/or non-alcoholic beverages served anywhere on the premises?

☐ Yes ☐ No

Which tobacco products do you sell? (Check all that apply.)

☐ Hookah/shisha ☐ Cigars ☐ Other Tobacco Products

Is smoking allowed indoors?

☐ Yes ☐ No

Is smoking allowed outdoors?

☐ Yes ☐ No

Section Two: Ownership Information

Ownership Type (Check one box.)

- ☐ **Individual Owner** (Copy of Driver's License/Government ID required for new applicants)
- ☐ **Partnership** (Please identify one partner in this section; space is provided for additional partners in Section Six. Copy of Driver's License/Government ID required only for this partner, and only for new applicants.)
- ☐ **Limited Liability Corporation/LLC** (Please identify registered agent in this section. Copy of Driver's License/Government ID required for new applicants.)
- ☐ **Corporation** (Please identify corporate representative in this section.)

Has the **name** of the business owner changed since receiving a County Tobacco Retail License? ☐ Yes ☐ No

Has the **type of ownership** changed since receiving a County Tobacco Retail License? ☐ Yes ☐ No

Name of Business or Corporation (If applicable)

First Name (Owner/Partner/Agent/Corporate Representative)

Last Name

Driver's License /Government ID# (Individuals/partners only)

Expiration Date MM/DD/YYYY

Business Phone

Cell Phone

Email Address

Is business address same as store address? ☐ Yes ☐ No (Please provide address below.)

Business Street Address (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.)

City

State

Zip

Section Three (Optional): Designated Contact Person Other than Individual in Section Two

If you want the County to contact the individual listed in Section Two above, leave this section blank.

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

Section Four: Acknowledgment and Signature

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

Role of Authorized Signer (Check one box.) <input type="checkbox"/> Individual Owner <input type="checkbox"/> Partner <input type="checkbox"/> 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 (Explain here.) _____		
Signature (Please type signature here.)		Date (MM/DD/YYYY)
First Name of Authorized Signer		Last Name
Business Phone	Cell Phone	Email Address

Section Five: How to Submit a Complete Application Packet

All Applicants must:

- ☐ **Complete, sign and submit this Application Form.**
- ☐ **Pay the Tobacco Retail License fee** of \$730 online via credit card or check here:
<https://payments.lexisnexis.com/ca/sandiego/trl>.
- ☐ **Submit** a scanned copy of state of **California Cigarette and Tobacco Products Retailer License**.

Renewal Applicants *do NOT need to submit a new Affirmation Form. Any previously signed Affirmation Form remains in effect with the submission of an application to renew the license.*

New Applicants must ALSO submit:

- ☐ A signed and completed **Affirmation Form**.
- ☐ A scanned copy of **Driver's License or Other Government ID** (*Individual Owners/Partnerships only.*)

Transfer of Ownership Applicants must ALSO submit:

- ☐ A signed and completed **Affirmation Form**.
- ☐ A scanned copy of **Driver's License or Other Government ID** (*Individual Owners/Partnerships only.*)
- ☐ A signed and completed **Transfer of Ownership Certification Form**.

When you have assembled all required documentation, email all documents to: 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 **September 5, 2023**. Retailers that are currently licensed will be allowed to continue to sell tobacco products through **September 5, 2023** without penalties.

Application processing will take approximately 30 days. The County of San Diego will not impose penalties for selling tobacco products without a license on a retailer whose complete application packet has been submitted on time and 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.

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

Section Six: Explanation of Prior Violations and Additional Owners/Partners

Explanation of Previous Violations or Questions/Comments: Please use this area to explain any violations of state or federal tobacco laws within the last five years, or to ask questions or provide input to the

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 #	Expiration Date MM/DD/YYYY	

First Name	Last Name		
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