



COUNTY OF SAN DIEGO TOBACCO RETAIL LICENSE PROGRAM TRANSFER OF OWNERSHIP CERTIFICATION FORM

The sale of tobacco products in the unincorporated area of San Diego County requires a County-issued Tobacco Retail License. County Tobacco Retail Licenses CANNOT be transferred to another owner unless the transferee is an immediate family member as described below:

SDCC § 21.2606 (d). TRANSFER TO IMMEDIATE FAMILY MEMBER. A tobacco retailer may transfer their license to their parent, child, spouse, or domestic partner for tobacco retailing at the same retail location. The transferee must be eligible to hold a tobacco retail license.

Please submit this form as part of the Application Form for a County of San Diego Tobacco Retail License.

INFORMATION ON TRANSFER OF OWNERSHIP

Previous Store Name (DBA)	
First Name of Previous Owner	Last Name of Previous Owner
Previous Owner's State Tobacco Retail License # (if known)	
Current Store Name (DBA)	
Current State Tobacco Retail License #	
First Name of Current Owner/Transferee	Last Name of Current Owner/Transferee
Relationship of the current owner/transferee to the previous owner: <i>(Check one)</i>	
<input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Domestic Partner	
Role of Authorized Signer with Business: <i>(Check one)</i>	
<input type="checkbox"/> Individual Owner <input type="checkbox"/> Employee/Manager/Corporate Representative <input type="checkbox"/> Partner <input type="checkbox"/> Legal Agent (e.g., accountant, business agent, attorney) <input type="checkbox"/> Registered Agent for LLC <input type="checkbox"/> Other <i>(Specify here)</i>	
<i>I declare under penalty of perjury under the laws of the State of California that (1) the relationship requirement under SDCC § 21.2606 (d) has been met and (2) the current owner/transferee is eligible to hold a tobacco retailer's license.</i>	
First Name of Authorized Signer	Last Name of Authorized Signer
Signature of Authorized Signer <i>(Retailers can type in first name and last name to serve as their signature OR print, manually sign, and scan document.)</i>	Date

If you have questions, please contact the Tobacco Retail License Program at TRLApplications.HHSA@sdcounty.ca.gov or leave a message at 619-692-5514.