



County of San Diego

Tobacco Retail Licensing Program – Request for Appeal

Name of Business Owner/Appellant:	
Business Owner's Address:	
Business Owner's Telephone:	Email:
Store Name/DBA:	
Store Address:	
State Tobacco Retail License #:	County Tobacco Retail License #:

I, _____ (Appellant), wish to appeal the (check one):

- DENIAL OF APPELLANT'S APPLICATION FOR A COUNTY TOBACCO RETAIL LICENSE (Request must be **postmarked, emailed, or delivered** within **21 calendar days** of the **notice** date.)
- ISSUANCE OF ADMINISTRATIVE CITATION # _____ (Request must be **postmarked, emailed, or delivered** within **14 calendar days** of the **issuance** date.)
- SUSPENSION OF APPELLANT'S COUNTY TOBACCO RETAIL LICENSE (Request must be **postmarked, emailed, or delivered** within **21 calendar days** of the **notice** date.)

Reason for appeal:

Please submit a copy of all documents supporting Appellant's claim.

Appellant and/or legal representative must attend the Appeal Hearing. Appellant is allowed to have legal representation at the Appeal Hearing, as well as witnesses appearing on their behalf. Will Appellant be represented by an attorney?

- Yes; Name of attorney if known: _____
- No

I declare under penalty of perjury that I have read the requirements for submitting this Request for Appeal and attending the Appeal Hearing, and that the information I have provided is correct.

Signature (Appellant):	Date:
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Appellant will be notified of time, date, and location of the hearing by **first class mail** and email if email address is known. Please email this Request for Appeal Form and supporting documentation to PHS-TRLApplications.HHSA@sdcounty.ca.gov OR mail/deliver the Request Form and supporting documentation to:

Health and Human Services Agency
ATTN: Tobacco Retail License Program - Mail Stop P511H
5469 Kearny Villa Road
San Diego, CA 92123

For County Use Only	
Date Mailed, Emailed, or Delivered:	Received by:
Received via (circle one) Mail Email Delivery Other	
Request is (circle one): Approved Denied Other	
Comments:	