

County of San Diego

Tobacco Retail License Application FY 25-26

Choose Application Category (check one)

Renewal Application: You must submit your application, license fee, and a copy of your state tobacco retail license between July 3- July 23, 2025, to renew your license. Failure to submit complete application packet during this date period can affect your pre-existing exemption to the 500-foot rule and result in County tobacco retail license denial.

Choose this category if BOTH statements are true:

- o 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.
- □ <u>New Application</u>: 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).
 - o 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.

Section One: Store Information

Store Name/DBA S			Store/Branch Number (<i>If applicable</i>)	
Street Address of Store (Must be locate	ed in the unincorpo	rated area of San Dieg	o 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)? Yes	No		
Are you a tobacco manufacturer or dist	tributor? Yes [No		
Manufacturer or Distributor License Number (Please submit copy of license)			Expiration Date (MM/DD/YYYY)	

Has this store had any viola If yes, please explain be	tions of local, state, or federal elow.	tobacco laws within	the last 5 ye	ars?
Explanation of Previous Vio	lations or Questions/Commer	ts:		
Store Type: (Check one box)			
□ Vape Shop□ Smoke Shop				
☐ Liquor Store				
□ Supermarket				
☐ Small Market				
	(no gas station on premises)			
	es gas station with a convenie		s)	
	king Lounge (Complete next s	ection below.)		
□ Other (Explain here	2.)			
This Section is For Ho	akah/Cigar/Smaking Laungar	ONLY		
	okah/Cigar/Smoking Lounges			
	ty Permitted Food Facility?			
Do you serve alcohol?		Do you have an A		Yes No
Are food and/or non-	alcoholic beverages served an o	ywhere on the premi	ses?	
Which tobacco produ	cts do you sell? (Check all that	apply.)		
Hookah/shish		obacco Products		
Is smoking allowed in		Is smoking allowe	_	
☐ Yes ☐ N	0	Yes	_ No	
Section Two: Ownersh	•			
Ownership Type (Check on	e box.)			
☐ Individual Owner	idoutif	:	::::::::::::::::::::::::::::::::::::::	are an the next next l
1	ridentify primary partner; space prporation/LLC (Please identify	· · · · · · · · · · · · · · · · · · ·		ers on the next <u>page</u> .)
<u> </u>	e identify primary corporate re	-		
Name of Business or Corpo		presentative in this s		
Name of Business of Corpo	тапоп (іј иррпсиые)			
First Name (Owner/Partner/	Agent/Corporate Representative)	Last Name		
Driver's License/Governme	nt ID (individuals/nartners	Expiration Date (MA	//DD/YYYY)	Birth Date (MM/DD/YYYY)
Driver's License/Government ID (individuals/partners Expiration Date (MM/DD/YYYY) Birth Date (MM/DD/YYYY)		Birti Bate (www, bb) 1111)		
Business Phone	Cell Phone	Email Address		
Is the business address the	same as store address? Ye	es No (Pleas	e provide ad	ldress below.)
1	is is where we will mail your Tob Il use the store address.)	acco Retail License. If y	ou do not pro	vide a business address, we
City	State		Zip	

Additional Owners / Part		····		Driver's License or Other	Expiration	Birth
First Name	Last Name	Email Ac	ldress	Government ID#	Date	Date
•	•	•		Other than Indi		ion Two
Person's Role in Bu	usiness (Check on	e box.)				
□ Legal Ager		Corporate Represent, business agent, c				
First Name				Last Name		
Business Phone Cell Phone			Email Address			
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Sectio	n Five: How to Submit a Complete Application Packet
All App	licants 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.
	al Applicants do NOT need to submit a new <u>Affirmation Form</u> . Any previously signed Affirmation Form remains in vith the submission of an application to renew the license.
New Ap	oplicants must ALSO submit:
	Submit a signed and completed Affirmation Form.
<u>Transfe</u>	r of Ownership Applicants must ALSO submit:
	A signed and completed Affirmation Form.
	A signed and completed <u>Transfer of Ownership Certification Form.</u>

After assembling all required documentation, email all documents to phs-trlapplications.hhsa@sdcounty.ca.gov. Please put this in the subject line: TRL Application for Your Store Name.

Application processing will take approximately four weeks.

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 phs-trlapplications.hhsa@sdcounty.ca.gov.

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