

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 #:
(Appellant), wish to appeal the (check one):	
☐ ISSUANCE OF ADMINISTRATIVE CITATION # or delivered within 14 calendar days of the issuance	(Request must be <mark>postmarked, emailed,</mark> date.)
□ SUSPENSION OF APPELLANT'S COUNTY TOBACCO RETAIL LICENSE (Request must be postmarked, emailed, or delivered within 21 calendar days of the notice date.)	
☐ 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.)	
Reason for appeal:	
Please submit a copy of all documents supporting Appellant's claim.	
Appellant and/or legal representative must attend the Appe at the Appeal Hearing, as well as witnesses appearing on thei Yes; name of attorney if known: No	- ,,
Failure of Appellant to appear at the Appeal Hearing will forfedecision will not be overturned. (SDCC SEC. 21.113(3))	eit the appeal request and Tobacco Retail Licensing Program
I declare under penalty of perjury that I have read the rattending the Appeal Hearing, and that the information I ha	• • • • • • • • • • • • • • • • • • • •
Signature (Appellant):	Date:

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-2 TRLApplications.HHSA@sdcounty.ca.gov OR <a href="mailto:mailto:mailto:emailto:mailto

Health and Human Services Agency
ATTN: Tobacco Retail License Program - Mail Stop P511H
5530 Overland Ave. STE 310,
San Diego, CA 92123

