



County of San Diego

Tobacco Retail License Application

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, 2026**, 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 (TRL) denial.

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 TRL.

- ☐ **New Application:** Choose this category if **ANY** of the following statements is true since receiving County tobacco retail license (TRL):

- ☐ 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.

Section One: Store Information

Store Name/DBA		Store/Branch Number (<i>If applicable</i>)	
Street Address of Store (<i>Must be located in the unincorporated area of San Diego County</i>)			
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 (<i>Must be 21 or over to enter</i>)? ☐ Yes ☐ No			
Are you a tobacco manufacturer or distributor? ☐ Yes ☐ No			
Manufacturer ☐ or Distributor ☐		License Number (Please submit copy of license)	
		Expiration Date (MM/DD/YYYY)	

Has this store had any violations of local, state, or federal tobacco laws within the last 5 years? If yes, please explain below. ☐ Yes ☐ No
Explanation of Previous Violations or Questions/Comments:
Store Type: <i>(Check one box.)</i> ☐ Vape Shop ☐ Smoke Shop ☐ Liquor Store ☐ Supermarket ☐ Small Market ☐ Convenience Store (no gas station on premises) ☐ Gas Station (includes gas station with a convenience store on premises) ☐ Hookah/Cigar/Smoking Lounge <i>(Complete next section below.)</i> ☐ Other <i>(Explain here.)</i> _____

This Section is For Hookah/Cigar/Smoking Lounges ONLY	
Is this location a County Permitted Food Facility? ☐ 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? <i>(Check all that apply.)</i> ☐ Hookah/shisha ☐ Cigars ☐ Other Tobacco Products	
Is smoking allowed indoors? ☐ Yes ☐ No	Is smoking allowed outdoors? ☐ Yes ☐ No

Section Two: Ownership Information

Ownership Type <i>(Check one box.)</i> ☐ Individual Owner ☐ Partnership <i>(Please identify primary partner; space is provided for <u>additional</u> partners on the next <u>page</u>.)</i> ☐ Limited Liability Corporation/LLC <i>(Please identify registered agent in this section.)</i> ☐ Corporation <i>(Please identify primary corporate representative in this section.)</i>			
Name of Business or Corporation <i>(If applicable)</i>			
First Name <i>(Owner/Partner/Agent/Corporate Representative)</i>		Last Name	
Driver's License/Government ID <i>(individuals/partners only)</i>		Expiration Date <i>(MM/DD/YYYY)</i>	Birth Date <i>(MM/DD/YYYY)</i>
Business Phone	Cell Phone	Email Address	
Is the business address the same as store address? ☐ Yes ☐ No <i>(Please provide address below.)</i>			
Business Street Address <i>(This is where we will mail your TRL. If you do not provide a business address, we will use the store address.)</i>			
City	State		Zip

Additional Owners ☐ /Partners ☐

First Name	Last Name	Email Address	Driver's License or Other Government ID#	Expiration Date	Birth Date

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 (<i>Check one box.</i>) ☐ Employee/Manager/Other Corporate Representative ☐ Legal Agent (<i>e.g., accountant, business agent, attorney</i>) ☐ Other (<i>Explain here.</i>) _____		
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 information on this application and in other materials submitted in support of this application are true and correct. I understand that any false statements made in this application are grounds for denial or revocation of the TRL. I hereby consent to all necessary inspections made pursuant to the San Diego County Code ([CHAPTER 26. TOBACCO RETAILING](#)) and incidental to the issuance of any exception, permit, and operation of this business. I acknowledge that I am responsible for reviewing and complying with all local, state, and federal laws, codes, and rules and regulations relating to tobacco products, tobacco control, and the prohibition of smoking in enclosed establishments and certain unenclosed areas. If Tobacco Retail Licensing Program (TRLP) staff discover false or misleading information, I understand that the TRL may be denied or revoked by TRLP. **I may not sell any tobacco products, including but not limited to, cigarettes, electronic nicotine delivery systems, and nicotine-containing products without first obtaining a valid TRL from the County of San Diego TRLP.** I understand selling tobacco products without a valid TRL may result in the denial of a County of San Diego TRL.

I have reviewed and agree to comply with all tobacco laws required by the San Diego County Tobacco Retail License.

Role of Authorized Signer (<i>Check one box.</i>) ☐ Individual Owner ☐ Partner ☐ Registered Agent for LLC ☐ Employee/Manager/Corporate Representative ☐ Legal Agent (<i>e.g., accountant, business agent, attorney</i>) ☐ Other (<i>Explain here.</i>) _____		
Signature (<i>Please type signature here if unable to do electronic signature.</i>)		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 TRL](#).

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:

- ☐ **Submit** a signed and completed [Affirmation Form](#).

Transfer of Ownership Applicants must ALSO submit:

- ☐ A signed and completed [Affirmation Form](#).
- ☐ A signed and completed [Transfer of Ownership Certification Form](#).

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.