

A PROPRIETOR PROPOSING TO CONDUCT TOBACCO RETAILING AT MORE THAN ONE LOCATION SHALL SUBMIT A SEPARATE APPLICATION FOR EACH LOCATION



**Application
Monterey County Tobacco Retailer License
July 1st, 2024- June 30th, 2025
Annual Fee: \$407**

Name of Business (DBA): _____ Phone # () _____
Business address: _____ City/State/Zip _____
Billing address (if different): _____ City/State/Zip _____
Email: _____ State Tobacco License # _____

Type of Business Sole Proprietor Partnership Corporation Other

“Proprietor” means a Person with an ownership or managerial interest in a business. An ownership interest shall be deemed to exist when a Person has a ten (10) percent or greater interest in the stock, assets, or income of a business other than the sole interest of security for debt. A managerial interest shall be deemed to exist when a Person can or does have or share ultimate control over the day-to-day operations of a business. "Person" means any natural person, partnership, cooperative association, corporation, personal representative, receiver, trustee, assignee, or any other legal entity.

Proprietor No. 1 _____ Phone # () _____
Home Address _____ City/State/Zip _____
E-mail _____

Have you violated any local, state or federal tobacco-related laws within the preceding twelve (12) months?
 No Yes If yes, provide the date of and type of violation: _____

Proprietor No. 2 _____ Phone # () _____
Home Address _____ City/State/Zip _____
E-mail _____

Have you violated any local, state or federal tobacco-related laws within the preceding twelve (12) months?
 No Yes If yes, provide the date of and type of violation: _____

Proprietor No. 3 _____ Phone # () _____
Home Address _____ City/State/Zip _____
E-mail _____

Have you violated any local, state or federal tobacco-related laws within the preceding twelve (12) months?
 No Yes If yes, provide the date of and type of violation: _____

CORPORATE INFORMATION

Give the name of the corporation exactly as it is on file with the California Secretary of State, providing the entity name, entity number, address and telephone number for the corporation.

Corporate Name: _____

Corporate Number: _____

Address/City/State/Zip: _____ Phone: () _____

Name of Agent for Service of Process: _____

Address of Agent for Service of Process: _____

I/we have not violated any local, state or federal tobacco-related laws within the preceding twelve (12) months.

If yes, provide the date of and type of violation: _____

It is the Proprietor's responsibility to ensure that all employees and retail associates are informed of all federal, state, and local tobacco-related laws, including those related to the requirements of a tobacco retail license.

Affirmation Certification: I/we, the undersigned, declare under penalty of perjury that all of the information provided in this application is true, complete and accurate and that:

1. I/we are informed of the laws affecting tobacco retail licenses and shall ensure that all employees and retail associates are informed of all federal, state, and local tobacco-related laws pertaining to the license;
2. I/we do not and/or will not sell drug paraphernalia at the location for which the license is sought; and

Proprietor(s) Name(s) and Signature(s):

No. 1: Print Name _____ Signature _____
Date ____/____/____

No. 2: Print Name _____ Signature _____
Date ____/____/____

No. 3: Print Name _____ Signature _____
Date ____/____/____

Please Submit
(1) Completed and signed application;
(2) A copy of the California Department of Tax and Fee Administration Cigarette and Tobacco License; and
(3) Check or money order for \$407 made payable to: County of Monterey.
(4) Mail to: Attn: Tobacco Control Program
1441 Schilling Place-South 1st Floor, Salinas, CA, 93901

For Office Use Only:
TRL Approval by: _____ Date: ____/____/____ Payment Amt: \$ _____ Type _____