



# CITY OF SCOTTS VALLEY TOBACCO RETAIL LICENSE APPLICATION

Authority: City of Scotts Valley Municipal Code Chapter 5.22

### This application is for:

- |                                         |                                                                      |
|-----------------------------------------|----------------------------------------------------------------------|
| <input type="checkbox"/> New Permit     | <input type="checkbox"/> Change of Ownership                         |
| <input type="checkbox"/> Annual Renewal | <input type="checkbox"/> Reissuance of a suspended or revoked permit |

<b>Business Name (DBA)</b>	
<b>Business Location</b>	
<b>Business Mailing Address</b>	
<b>City / ST/ ZIP Code</b>	
<b>Business Phone Number</b>	<input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home
<b>E-Mail Address</b>	
<b>Emergency Contact and No.</b>	

### Type of Business Ownership:

- Sole Proprietor                     
  Partnership                     
  Corporation

### If a sole proprietorship, give name, address, telephone number, and email of owner:

Sole Proprietor / Owner	
Address / City / ST / ZIP	
Phone Number	<input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home
Email Address	

### If a partnership, give name, address, telephone number, and email of EACH partner (attach extra sheet, if required):

<b>Partner 1 - Name</b>	
Address / City / ST / ZIP	
Phone Number	<input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home
E-Mail Address	
<b>Partner 2 - Name</b>	
Address / City / ST / ZIP	
Phone Number	<input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home
E-Mail Address	
<b>Partner 3 - Name</b>	
Address / City / ST / ZIP	
Phone Number	<input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home
E-Mail Address	

**If a corporation, give name of corporation exactly as on file with the California Secretary of State, providing the entity name and entity number. Include the address, telephone number, and email for the corporation; and the name, address, and email for the Agent for Service of Process:**

California Entity Name	
Corporate Address/City/ST/ZIP	
Corporate Phone Number	<input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home
Email Address	
Agent for Service of Process	
Agent Address/City/ST/ZIP	
Agent Phone Number	<input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home
Agent Email Address	

**Provide the State of CA Board of Equalization Tobacco Retail License No: \_\_\_\_\_  
Attach a copy of the license to this application.**

**Have any of the owners listed on this form been issued a City of Scotts Valley Tobacco Retail License that is, or was at any time, suspended or revoked?**

YES  NO

If YES, provide the date of each suspension or revocation: \_\_\_\_\_

***It is the owner's responsibility to ensure that all employees and retail associates are informed of all federal, state, and local tobacco-related laws pertaining to the license.***

**AFFIRMATION AND CERTIFICATION:** I (we) the undersigned, affirm and certify that all of the information provided in this application is complete, true, and accurate to the best of my (our) knowledge. I am (we are) informed of the laws affecting tobacco retailing licenses.

APPLICANT SIGNATURE(S)	PRINT NAME & TITLE	DATE

**PLEASE NOTE:** Any updates regarding this application must be provided to the Scotts Valley Police Department within ten business days of the change.

Return application:	For more information contact:	OFFICE USE ONLY – DATE RECEIVED
In person or by mail to: Scotts Valley Police Department 1 Civic Center Drive Scotts Valley, CA 95066	Scotts Valley Police Department 1 Civic Center Drive Scotts Valley, CA 95066 831-440-5670	

FOR OFFICE USE ONLY	
Approved by:	Name/Title:
Permit Number:	Date Issued: