



TOWN OF FAIRFAX TOBACCO RETAILER LICENSE APPLICATION

Retail business name, address and phone # of the Storefront where tobacco will be sold & the fixed license will be posted:

Is the retail business owned by a (check one): Sole Proprietor Partnership or Corporation?

Is there a **separate mailing address** for Applications & Licenses to be mailed to? If yes, please include:

Board of Equalization Tobacco Retailer License #: _____

Town of Fairfax Business License #: _____

Name, business address and phone # of sole proprietor, partnership or corporation checked above:

Has the tobacco retailer license/business operation license identified above ever been suspended or revoked?

Yes No If you checked "yes," please give the licensee name(s), reason for suspension or revocation, and date(s) of suspension period or revocation:

1. I have read and understand Town of Fairfax Clean Indoor and Outdoor Air and Health Protection - Smoking Regulations Ordinance Number 814 Requiring the Licensing of Tobacco Retailers.
2. I declare under penalty of perjury under the laws of the State of California that the foregoing (boxes that I checked above) is true and correct.

X _____
 Signature Printed Name Title Dated

X _____
 Signature Printed Name Title Dated
(If a partnership, all authorized partners must sign. If a corporation, authorized officer must sign)

Mail the application with a check or money order of **\$25 for the license fee** to:

Town of Fairfax
142 Bolinas Road
Fairfax, CA 94930

► For further information concerning the Tobacco Retailer Licensing Ordinance, or for assistance in filling out this form, please call 415-453-1584.

Do not write below this line. The portion below will be completed by the Town of Fairfax.

After reviewing the application on _____

I RECOMMEND the issuance of a Tobacco Retailer License

I DISAPPROVE the issuance of a Tobacco Retailer License for the following reasons:

X _____
 Signature Printed Name Title Dated