

City of Santa Ana Tobacco Retail License

City of Santa Ana Ordinance No. 2729

Application for Tobacco Retail License

Mail to: P.O. Box 1981 M-96 Santa Ana, CA 92702

This Application is for: <u>Business Information</u>	☐ New Permit ☐ Annual Renewal ☐ E-Cigarettes ONLY ☐ Discontinue sale of	Change	ing a Revoked Permit of Ownership nplete application and sign below)
Business Name:	Phone Number:		
Business Address:			
Business Mailing Address:			
CA Dept. of Tax and Fee Admi	nistration— Cigarette Re	tail License #:	
Owner Information #1 Owner/Operator Name	Main Phone #	Driver's License	Email Email
#2 Owner/Operator Name	Main Phone #	Driver's License	Email
ANNUAL TOBACCO PE	RMIT FEE—\$836 (a	10% reinstatement fee wi	ll be due for late payments)
Please submit payment to CITY OF SA	ANTA ANA—TOBACCO OI	RDINANCE with your applic	ation.
A Tobacco Retail License from the City of contingent upon the observance of ALL fee result in substantial penalties including fine addresses only, and each address requires a following year.	deral, state, and local tobacco laws as and the denial of future City of S	 Selling tobacco without a license Santa Ana Tobacco Retailing Perm 	e is a serious offense, and could nits. Permits are issued to fixed
I state that the information given on this for	rm is true and correct.		
Owner(s)Signature		Date:	
• • • • • • • • • • • • • • • • • • • •	FOR OFFICE US		
Permit/License Number:		Effective Date:	
Payment:			