



City of Goleta
130 Cremona Drive, Suite B • Goleta, CA 93117
P: (805) 961-7500 • F: (805) 685-2635 • businesslicense@cityofgoleta.org
Tobacco Retailing License

This Application is for: *(check box)*

- New License \$543 Annual Renewal \$534 Address Change \$2
 Change of Ownership \$543 Change of Business Name - No Charge

Please make checks payable to: City of Goleta

Required Document: Copy of valid California Cigarette and Tobacco Products Retailer's License issued by the California Board of Equalization

Tobacco Retailing Business Information		
Name		Phone No.
Location Address		City, State, Zip
City of Goleta Business License No. (Required)	State Employer ID # (if applicable)	Federal ID # (or SSN if sole proprietorship)

Proprietor Information ("Proprietor" means a person with a minimum of 10% ownership interest in a tobacco retailing business)
Please check type of ownership below and provide the information requested:

Sole Proprietorship

Proprietor Name		Phone No.
Address	City, State, Zip	
Drivers License #	Social Security #	Email

Partnership - Please attach a separate page with information for each general partner.

Proprietor Name		Phone No.
Address	City, State, Zip	
Drivers License #	Social Security #	Email

Corporation (Please provide the name and address of an officer who is duly authorized to accept service of legal process)

Business Name (exactly as set forth in its articles of incorporation)		State of Incorporation	
Name of Officer	Title	Phone No.	
Address	City, State, Zip		
Drivers License #	Social Security #	Email	

Other (*specify*): _____ Please attach a separate page if there are multiple proprietors.

Proprietor Name		Phone No.
Address	City, State, Zip	
Drivers License #	Social Security #	Email

PLEASE SEE REVERSE SIDE

Authorized person and address to receive all communications, notices, and service of legal process. <i>If an Authorized Address is not supplied, each proprietor shall be understood to consent to the provision of notices, communications and service of legal process at the tobacco retailing business.</i>	
Name	Title
Address	City, State, Zip
Phone No.	Email

Please answer the questions below. Attach a separate page for responses if necessary.

Has any proprietor, agent or employee admitted to violating the City's Tobacco Ordinance, or has been found after a hearing to have violated the City's Tobacco Ordinance?

<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, give dates and location of all violations within the previous 5 years:	Initial here: (Required)
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Will this business employ anyone younger than 18 years of age?

<input type="checkbox"/> No (We) will not employ minors.	<input type="checkbox"/> Yes, I/We acknowledge that no person under 18 years of age is permitted to engage in tobacco retailing.	Initial here: (Required)
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Has your California Cigarette and Tobacco Products Retailer's License ever been denied, revoked, or suspended?

<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, give circumstances:	Initial here: (Required)
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I understand that I am subject to the regulations and requirements for a tobacco retailing license set forth in the Goleta Municipal Code, and agree to comply with these requirements. I agree to use the license applied for only that activity and purpose stated in the Goleta Municipal Code. I certify, under penalty of perjury, that the foregoing is true and correct.

Proprietor or Authorized Agent signature

Date

Proprietor or Authorized Agent signature

Date

FOR OFFICE USE ONLY		NEIGHBORHOOD SERVICES & PUBLIC SAFETY DIRECTOR ENDORSE HERE:
License No.	Credit Card Payment? <input type="checkbox"/> Yes	
Is the tobacco retailing business located within 1,000 feet of a licensed daycare program, public school or private school? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, explain: _____		
By: _____ Date _____		
Comments:		<input type="checkbox"/> Denied by: _____ Date: _____