CITY OF PICO RIVERA TOBACCO RETAIL LICENSE APPLICATION



Business Name/DBA					Business Sta	art Date (mm/dd/yyyy)
Physical Street Address		Unit/Suite #		Store/Branch # (if applicable)		
City State		ate Zip/F	Zip/Postal Code Ph		Phone Number	
Ownership Type			Fa		Fax Number	
Previous Name of Business at this Add	ress/Location (if applicabl	e)				
California Dept. of Tax & Fee Adn Tobacco Per	ninistration (CDTFA) mit License Number:					
OWNER/CORPORATE	OFFICER INF	ORMATION				
Primary Owner/Corporate Representative Last Name			Primary Owner/Corporate Representative First Name Middle Initial			
Name of Corporation (if applicable)		I		Employer Identif	ication Numb	er (EIN) <i>(if applicable)</i>
Street Address			Unit/Suite # Type of Address		Business	☐ Corporate Office
City	St	ate Zip/F	Postal Code	Phone N	Phone Number	
E-mail Address (Primary/Corporate)		l		Fax Nun	nber	
Driver's License Number	State Issued		Expiration Date	Date of	Date of Birth (mm/dd/yyyy)	
Mailing Address (if different)	Unit/Suite	# City			State	Zip/Postal Code
ACKNOWLEDGMEN Have you, or any propriet Chapter 5.75 (Tobacco Re products? If Yes, please in	or, violated or ha tail License) or ar	y other local,	state, or fed	leral law gove	erning the	sale of tobacc

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By signing this application, I acknowledge and agree to the following:

Pico Rivera Municipal Code Chapter 5.75 requires all tobacco retailers in the City of Pico Rivera to have a Tobacco Retail License (TRL) for the retail sales of tobacco, tobacco products, or tobacco paraphernalia.

I am informed of, and agree to, abide by all laws affecting tobacco retail licenses. Pursuant to Pico Rivera Municipal Code Chapter 5.75, any establishment devoted exclusively or predominantly to the sale of tobacco, tobacco products, and tobacco paraphernalia must have a valid business license, in addition to a TRL and CDTFA license, in order to conduct any retail sales of tobacco, tobacco products, and tobacco paraphernalia. Furthermore, I also understand that drug paraphernalia is not allowed for sale.

All responsible parties must sign below:

			Owner	
Signature		Date	Corporate Officer/Representative	
Name (please print)	Title/Position		Owner's Agent/Representative (e.g., employee, manager)	
Tunie (preuse print)		Title, i Osition		
				
Signature		Date	☐ Corporate Officer/Representative	
Name (please print)		Title/Position	Owner's Agent/Representative (e.g., employee, manager)	
	FOR O	FFICIAL USE ONLY · · · ·		
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ocessed By:	Date Received	Date Entered		
otes:				