



Business Tax Division

CITY OF CULVER CITY

(310) 253-5870

9770 CULVER BOULEVARD, CULVER CITY, CALIFORNIA 90232-0507

FINANCE DEPARTMENT

ACCOUNT NO. _____

APPLICATION FOR TOBACCO RETAILERS LICENSE

NEW BUSINESS CHANGE OF NAME CHANGE OF LOCATION CHANGE OF OWNERSHIP OTHER _____

Business Name (DBA) _____
Street & Number Suite/Apt. # City State Zip Code

Business Location _____
Street & Number Suite/Apt. # City State Zip Code

Mailing Address _____
(If Different) Street & Number Suite/Apt. # City State Zip Code

Bus. Phone () _____ Bus. Fax () _____ Fed ID or Social Security # _____

Seller's Permit # _____ Tobacco Retailer License # _____
(Copy of Seller's Permit Required) (Copy of Tobacco Retailer License Required)

OWNERSHIP (please check one): Sole Proprietorship Partnership Corporation Other _____

If incorporated, legal name of corporation: _____

DESCRIPTION OF TOBACCO PRODUCT SALES:

Starting Date of Tobacco Product Sales at this Location: _____ Do you have or operate any other tobacco retail sales establishment or related business?
Yes ___ No ___ If yes, indicate business name and location: _____

Have any suspension or revocation proceedings been initiated by any local, state or federal agency for violations of local, state or federal tobacco control laws within the five (5) years prior to the date of this application? Yes ___ No ___ If yes, explain: _____

Has the proprietor or any person employed by the proprietor been convicted of any violation of any local, state or federal tobacco control laws within the five (5) years prior to the date of this application? Yes ___ No ___ If yes, explain: _____

NAME, HOME ADDRESS & HOME PHONE # OF OWNERS, OFFICERS OR PARTNERS: (DESIGNATED AGENT FOR SERVICE OF PROCESS)

Name: _____ Title _____ Home Phone # _____

Home Address: _____

Name: _____ Title _____ Home Phone # _____

Home Address: _____

Name: _____ Title _____ Home Phone # _____

Home Address: _____

I hereby certify, under penalty or perjury, that the information in this application and any attachments is true, correct, and complete to the best of my knowledge. THIS APPLICATION MUST BE SIGNED BY A BUSINESS OWNER OR OFFICER ONLY.

Applicant's Signature _____ Name and Title (please print) _____ Date _____

CITY USE ONLY	Non-Refundable Pro-rated License Fee \$235.00	Amount Paid: _____
	Payment Received By: _____ Date: _____	<input type="checkbox"/> check <input type="checkbox"/> cash <input type="checkbox"/> cc