



**City of Long Beach Department of Health and Human Services
Tobacco Retail Enforcement Program
2525 Grand Avenue Room 220, Long Beach, CA 90815
Phone: (562) 570-7905 Fax: (562) 570-4038**

**APPLICATION
TOBACCO RETAIL PERMIT
LONG BEACH MUNICIPAL CODE 5.81**

This Application is for: New Permit Change of Ownership
(Check box) Change of Business Name Change of Location

Name of Business (DBA): _____
(Please print)

Type of Ownership: Individual Corporation Partnership Other _____
(Check box)

Name of Owner(s): _____
(Please print) (Please print)

Business Address: _____
(Please print)

Mailing Address: _____ City: _____ State: _____ Zip: _____
(Please print) (Please print)

Phone: (____) _____ Fax: (____) _____ Email: _____

City of Long Beach Business License #: _____

CA State Board of Equalization Cigarette & Tobacco License#: _____

This application must be completed, signed and returned to the address above by mail or fax, even if you do not require a permit.

Please check the appropriate box:

I am a tobacco retailer and hereby apply for a City of Long Beach Tobacco Retail Permit.

I am not a tobacco retailer and do not sell any tobacco products, or tobacco paraphernalia.

I declare under penalty of perjury under the laws of the State of California that the foregoing statement is true and correct.

Name: _____ Signature: _____
(Please print) (Authorized Person)

Title: _____ Date: _____
(Please Print)

By signing this application, you agree that you will not violate any federal, state, or city laws relating to youth and tobacco products/paraphernalia.

DO NOT WRITE BELOW THIS LINE

(Office Use Only)

Approved _____ Denied _____ Date: _____ HY Account #: _____

Comments: _____

