



City of Long Beach Department of Health and Human Services
 Bureau of Environmental Health
TOBACCO RETAIL ENFORCEMENT PROGRAM
 2525 Grand Avenue, Room 220, Long Beach, CA 90815
 Phone: (562) 570-7905 Fax: (562) 570-4038

SPECIAL EVENT TOBACCO RETAIL PERMIT APPLICATION

***Applications must be received no later than two weeks prior to the start of the event.**

SPECIAL EVENT

Date of Application: _____ Date of Event: _____
 Event: _____
Name of Event
 Time: _____ Number of Days: _____
 Location of Event: _____
 Event Organizer/Promoter: _____ Phone: (____) _____

SPECIAL EVENT TOBACCO RETAILER

Name of Stand/Booth: _____ Location of Stand/Booth: _____
 Facility Operator Name: _____ Driver's Lic. #: _____
Please Print
 Mailing Address: _____
Street City State Zip
 Phone: (____) _____ Fax: (____) _____ Email: _____

California State Board Cigarette & Tobacco License # _____
**Effective January 1, 2017, retailing of any electronic smoking vaping device that delivers nicotine or other vaporized liquids will be required to obtain a California State Board Cigarette & Tobacco License*

Please indicate the type of tobacco products/paraphernalia being sold for this event:

- Cigarettes Cigars Little Cigars Smokeless Tobacco Hookah E-Cigarettes/Vapor Products

SPECIAL EVENT TOBACCO RETAIL PERMIT FEES

\$160.00 **Special Event Tobacco Retail Permit**
Permit will be valid for the duration of this event only. Separate permits must be obtained for each booth.

***There is also a \$60 per vendor for each additional day.**

TOTAL AMOUNT: \$ _____

I have read understand the requirements as noted on the TREP Special Event Permit Guidelines. I understand that it is my responsibility to meet all the applicable requirements. Failure to meet these requirements can result in suspension of the permit, a penalty, or an Administrative Hearing.

Signature of Applicant

Date

Office Use Only

APPROVED PERMIT # _____ DATE: _____
 DENIED MAILED: _____ APPROVED BY: _____