



**CITY OF CARSON • REVENUE DIVISION**

701 E. Carson Street, Carson, CA 90745

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Email: revenue@carson.ca.us • Website: ci.carson.ca.us

**APPLICATION FOR TOBACCO RETAILER'S PERMIT**

Please print legibly in black or blue ink only.

BUS. LIC. NO. \_\_\_\_\_

Business Name \_\_\_\_\_

Tobacco Retailer Location \_\_\_\_\_  
(Not PO Box) Street Address City, State and Zip Code

Business Phone \_\_\_\_\_

**ENTER BELOW NAMES OF OWNERS, PARTNERS, OR CORPORATE OFFICERS - USE ADDITIONAL SHEETS AS NECESSARY.**

1-Owner Name \_\_\_\_\_ Title \_\_\_\_\_

Social Security No. \_\_\_\_\_ Driver's Lic. No. \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

2-Owner Name \_\_\_\_\_ Title \_\_\_\_\_

Social Security No. \_\_\_\_\_ Driver's Lic. No. \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Has the applicant ever applied for a Tobacco Retailer's License/Permit in any other jurisdiction?**

No  Yes (If yes, please list below. Use additional sheets if needed.)

**Has the applicant ever been granted a Tobacco Retailer's License/Permit in any other jurisdiction?**

No  Yes (If yes, please list below. Use additional sheets if needed.)

**Has the applicant ever been denied, suspended or revoked a Tobacco Retailer's License/Permit in any other jurisdiction?**

No  Yes (If yes, please list below. Use additional sheets if needed.)

**Has the applicant, its agents or employees been convicted of a felony involving or related to the sale of tobacco, tobacco paraphernalia or tobacco products within the past 5 years?**

No  Yes (If yes, please list below. Use additional sheets if needed.)

**On January 14, 2020, the City of Carson adopted Ordinance No. 19-1940, prohibiting citywide the retail sale of "electronic cigarettes" and "flavored tobacco products" (including menthol tobacco), as defined and more particularly detailed in the Ordinance.**

I declare under penalty of perjury that the above information contained herein is to the best of my knowledge and belief true and correct. As a condition for the issuance of the license applied for, I agree to submit any additional information that may be required. I have received rules and regulations pertaining to the Tobacco Retailer's permit and will abide by all terms and conditions.

Date \_\_\_\_\_

Signature of Applicant \_\_\_\_\_