



New Application Change of Address Change of Business Name/DBA Ownership Change/Transfer

BUSINESS/RETAILER INFORMATION

Business Name/DBA			Business Start Date (mm/dd/yyyy)		
Physical Street Address		Unit/Suite #		Store/Branch # (if applicable)	
City	State	Zip/Postal Code	Phone Number		
Ownership Type <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation			Fax Number		
Previous Name of Business at this Address/Location (if applicable)					

California Dept. of Tax & Fee Administration (CDTFA)
Tobacco Permit License Number*: ***REQUIRED**

FOR OFFICIAL USE ONLY
SUBMISSION
TIMESTAMP

BUSINESS OWNER(S)/CORPORATE OFFICE INFORMATION

Primary Owner/Corporate Representative Last Name		Primary Owner/Corporate Representative First Name		Middle Initial	
Name of Corporation (if applicable)			Employer Identification Number (EIN) (if applicable)		
Street Address		Unit/Suite #		Type of Address <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Corporate Office	
City	State	Zip/Postal Code	Phone Number		
E-mail Address (Primary/Corporate)			Fax Number		
Driver's License Number	State Issued	Expiration Date	Date of Birth (mm/dd/yyyy)		
Mailing Address (if different)	Unit/Suite #	City	State	Zip/Postal Code	

For each additional owner (e.g., co-owner), please complete below (and use additional pages, if necessary):

Last Name		First Name		Middle Initial	
Street Address			Unit/Suite #		
City	State	Zip/Postal Code	Phone Number		
E-mail Address			Fax Number		
Driver's License Number	State Issued	Expiration Date	Date of Birth (mm/dd/yyyy)		
Mailing Address (if different)	Unit/Suite #	City	State	Zip/Postal Code	

Business Name/DBA

REQUIRED SUPPORTING DOCUMENTS CHECKLIST

In addition to this completed application you must submit a copy of **ALL** required documents listed below:

If you are a SOLE PROPRIETORSHIP:

- State of California Tobacco Retailer’s License
- Tobacco Laws Affirmation
- Tobacco Retailer Affirmation
- Driver’s License or other Legal Identification

If you are a CORPORATION:

- State of California Tobacco Retailer’s License
- Tobacco Laws Affirmation
- Tobacco Retailer Affirmation
- Form listing Federal Employer Identification Number (TAX ID)
- Articles of Incorporation (INC) / Articles of Organization (LLC)
- Driver’s License or other Legal Identification (*Corporate Officer*)

ACKNOWLEDGMENT

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

Los Angeles County Code, Chapter 11.35 requires all tobacco retailers in the unincorporated areas of the County to have a LA County Tobacco Retail License (TRL) for the retail sales of tobacco, tobacco products, or tobacco paraphernalia. **The TRL is non-transferable.** The Los Angeles County Department of Public Health Tobacco Control and Prevention Program must be notified in writing in the event of the transfer of ownership.

I am informed of, and agree to, abide by all laws affecting tobacco retail licenses. Pursuant to Los Angeles County Code Chapter 11.35, and Chapter 7.83, any “Tobacco Shop” 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.

All responsible parties must sign below:

Signature	Date	<input type="checkbox"/> Owner <input type="checkbox"/> Corporate Officer/Representative <input type="checkbox"/> Owner’s Agent/Representative <small>(e.g., employee, manager)</small>
Name (please print)	Title/Position	
Signature	Date	<input type="checkbox"/> Owner <input type="checkbox"/> Corporate Officer/Representative <input type="checkbox"/> Owner’s Agent/Representative <small>(e.g., employee, manager)</small>
Name (please print)	Title/Position	

FOR OFFICIAL USE ONLY

Processed By:	Date Received	Date Entered
Notes:		

DPH Record ID Number

PR

DPH Facilities ID Number

FA