CITY OF GARDENA
APPLICATION FOR TOBACCO RETAILER PERMIT

BUSINESS INFORMATION (PLEASE PRINT OR TYPE)

NAME OF BUSINESS _____ PHONE NO. _____

ADDRESS OF BUSINESS _____

NAME OF APPLICANT _____

COMPLETE DESCRIPTION OF BUSINESS _____

MAILING ADDRESS (IF DIFFERENT FROM BUSINESS ADDRESS)

_____

OWNERSHIP INFORMATION

OWNER'S NAME _____ PHONE NO. _____

OWNER'S HOME ADDRESS _____

NAME AND HOME ADDRESS OF ALL OTHER OFFICERS/PARTNERS

_____

_____

HAS THE APPLICANT, ITS AGENTS OR EMPLOYEES BEEN CONVICTED OF A FELONY OR MISDEMEANOR INVOLVING OR RELATED TO THE SALE OF TOBACCO, TOBACCO PARAPHENALIA OR TOBACCO PRODUCTS WITHIN THE PAST 6 YEARS?_____ IF YES, PLEASE EXPLAIN BELOW. ATTACH SEPARATE SHEET IF NEEDED.

_____

_____

SIGNATURE

I, _____ declare under penalty of perjury that the statements contained in the attached Application for Tobacco Retailer Permit are true and correct to the best of my knowledge and belief and that this statement is executed with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for the refusal to issue or revocation of a permit and/or license hereunder.

Signature of Applicant(s): _____

Print Name: _____

Date : _____

BELOW FOR OFFICE USE ONLY

DOCUMENTS REQUIRED:

CITY BUSINESS LICENSE

BOE-TOBACCO RETAILER PERMIT

PROCESSED BY: ____
DATE: _____