REGULATORY PERMIT APPLICATION FOR TOBACCO RETAIL PERMIT

PLANNING SERVICES DIVISION

INTRODUCTION

The purpose of a Regulatory Permit application is to allow for Planning Director review of applications related to certain land uses identified in Anaheim Zoning Code (AZC) Chapter 18.16, ensuring they align with the intent of the Zoning Code and General Plan. These permits do not require review by the Planning Commission or any public hearings.

PROCEDURES

Complete applications will be processed according to the Administrative and Regulatory Permit Filing Schedule on the Planning Services Forms & Applications website. The Planning Director will decide the status of the request within ten (10) business days of the filing deadline. This decision will be final and effective ten (10) days after the approval date, unless an appeal is filed within that period. A letter will be sent to the applicant providing the approval date, any comments or items required for re-submittal, and any applicable conditions of approval.

APPEALS

Anyone dissatisfied with the Planning Director's decision may file an appeal. When an appeal is filed, the Regulatory Permit will be scheduled for a hearing before the City Employee Hearing Officer. All appeals must be submitted in writing to the Planning Department within ten (10) days of the Planning Director's decision. The appeal must include payment of the applicable fee, clearly identify the appellant(s), and specify the decision being appealed along with the reasons for the appeal.

This page intentionally left blank.

SUBMITTAL REQUIREMENTS:

The following checklist outlines the minimum information and materials required for processing a Regulatory Permit application for a Tobacco Retail location. Additional information or materials may be requested. Please contact a planner at 714-765-5139 to confirm the applicability of submittal items. Site and floor plans must comply with the E-plan Submittal Requirements and Sheet Numbering Guidelines. The submittal requirements are as follows:

PRE-SUBMITTAL CHECKLIST:

- ☐ A. BUSINESS LICENSE APPLICATION: Application for a Business License must be processed concurrently, but will not be issued before the Regulatory Permit is approved. For more information on obtaining a Business License, contact (714) 765-5194.
- ☐ B. CODE REQUIRMENTS: Read applicable code requirements provided under A.M.C. Section 18.16.090 (Tobacco Retail Permit).
    - ☐ Confirmed with City staff that no other Tobacco Retail location is within 500 feet, or that location is non-conforming; and
    - ☐ Confirmed with City staff that the proposed Tobacco Retail location is not within 1,000 feet from sensitive receptors, including but not limited to, schools, community centers, parks, libraries, or any mental health facilities;
    - ☐ Confirm with City staff that no previously approved Tobacco Retail location within the property has had their regulatory permit revoked within the last two (2) years.
- ☐ C. FEE: Payment amount identified in the Planning and Zoning Fee Schedule. Payment is required by the filing deadline and before an application will be reviewed. After online or in-person submittal is completed through GoPost, payment will be requested. Once payment is received, your application will be routed for review. Once the first interdepartmental review of the initial application is completed, all fees paid are non-refundable.
- ☐ D. APPLICATION FILING SCHEDULE: Applications will be processed according the Administrative and Regulatory Permit Filing Schedule.
- ☐ E. FINGERPRINTING REQUIREMENTS **FOR BUSINESS OWNER(S) AND RESPONSIBLE EMPLOYEE(S):**
    - ☐ A complete set of fingerprints must be taken by the Anaheim Police Department.
        - ☐ Contact the Anaheim Police Department at 714-765-1997 to schedule an appointment between 8:00am-12:00pm Tuesdays through Fridays.
        - ☐ FEE: Payment is required for fingerprints and/or Live Scan.

REQUIRED DOCUMENTS FOR SUBMITTAL:

☐ 1. APPLICATION FORM for Tobacco Retail Permit: The five (5) page application for a Tobacco Retail Regulatory Permit is located after this checklist. Please note the following instructions regarding responsible employees:

- ☐ LIST OF RESPONSIBLE EMPLOYEE(S) (e.g. Manager(s)): List of all responsible employees on page 4 of the application. Include multiple pages where additional people must be listed.
- ☐ NOTARIZED ACKNOWLEDGEMENT. The signatures for the Responsible Employee(s), Business Owner(s), and Property Owner(s) must be notarized. Attach the notarized acknowledgement.

☐ 2. CERTIFIED COPY OF LEASE: If the business owner is a lessee or sub-lessee, a copy of the lease establishing tenancy shall be provided.

☐ 3. LETTER OF OPERATION: Submit a typed letter describing the business operations including:

- ☐ Business owner(s);
- ☐ Business hours of operation;
- ☐ Detailed description of products; and
- ☐ Additional pertinent information on operations
- ☐ List of cashier/counter employee(s) (name, DOB, and CA DL# for each)

☐ 4. SITE PLAN: Submit a scaled site plan which addresses the following:

- ☐ PARKING CALCULATION: Parking areas with calculation (Tobacco Retail establishments require 4 parking spaces per 1,000 s.f. of GFA; please see A.M.C. Section 18.42.040.010 for parking space requirements for all other uses).

☐ 5. FLOOR PLAN: Submit a scaled floor plan showing the layout of the proposed suite. Label location of various products and storage.

☐ 6. CIGARETTE AND TOBACCO PRODUCTS RETAILER'S LICENSE: Provide a current copy of your Cigarette and Tobacco Products Retailer's License issued by the California Department of Tax and Fee Administration (CDTFA).

☐ 7. CALIFORNIA PHOTO IDENTIFICATION: Submit a copy of each business owner's and responsible employee's California photo identification.

☐ 8. RECEIPT OF FINGERPRINTING: Submit a copy of each business owner's and responsible employee's receipt from the fingerprinting appointment.

TOBACCO RETAIL PERMIT APPLICATION FORM

CITY OF ANAHEIM – PLANNING SERVICES DIVISION

BUSINESS INFORMATION:

Business Name:	Business License No.:	
Business Phone:	E-mail Address:	
Business Address or Location:		
City:	State:	Zip:
Mailing Address (if different from business address or location):		
City:	State:	Zip:

APPLICANT (BUSINESS OWNER) INFORMATION:

Applicant (Business Owner) Name:		Alias or Maiden Name:	
Phone No:		Home Address:	
E-mail Address:		City: State:	Zip Code:
Place of Birth:		Date of Birth:	Sex: ☐ Male ☐ Female
Age:	Height:	Weight: Hair Color:	Eye Color:
CA Driver's License No. or CA ID No.:		Other State License No. or ID No.:	State:
Social Security No. or Resident Alien No.:			

I hereby certify under the penalty of perjury that the information given is true and correct. I understand that providing false information or withholding information, including any criminal record, is grounds for denial or revocation of my permit and may subject me to criminal prosecution. **I do hereby authorize** the City of Anaheim, its agents and employees to seek verification of the information contained on this application and to conduct inspections to determine that the provisions of Chapter 18.16 or other applicable laws are met. **I further understand** that I may not conduct the activity applied for until a permit has been granted, and that a copy of the City Ordinances regulating Tobacco Retailers is available to me in the City Clerk's Office or over the Internet at www.anaheim.net (Chapter 18.16 of the Anaheim Municipal Code).

Signature Date

CODE COMPLIANCE

I have received and reviewed the code requirements for the specified application type and **I understand** that I am responsible for adhering to those regulations.

Signature Date

TOBACCO RETAIL PERMIT APPLICATION FORM

CITY OF ANAHEIM – PLANNING SERVICES DIVISION

APPLICANT (BUSINESS OWNER) CRIMINAL RECORD:

Has the business owner, within the past ten (10) years, been convicted of or pled no contest to any misdemeanor or felony in any state (other than a traffic violation)? Please include convictions that have been set aside, dismissed, or expunged under Penal Code § 1203.4 or any equivalent law. ☐ Yes ☐ No

If yes, list the date of the offense, nature of the offense and the sentence received thereof:

Date:	Nature of offense:	Sentence:
Date:	Nature of offense:	Sentence:
Date:	Nature of offense:	Sentence:

APPLICANT (BUSINESS OWNER) TOBACCO RETAIL BUSINESS LICENSE AND PERMIT HISTORY:

Does the business owner currently have, previously held, or previously applied for a tobacco retail license or permit?
☐ Yes ☐ No

If yes, provide information below:

Business Name:		Address:		
Start Date:	End Date:	City:	State:	Zip:
Business Name:		Address:		
Start Date:	End Date:	City:	State:	Zip:
Business Name:		Address:		
Start Date:	End Date:	City:	State:	Zip:

Have any licenses or permits been suspended, revoked, or denied?
☐ Yes ☐ No

If yes, provide information below:

Location:	Date:	Revoked by whom (agency) and reason:
Location:	Date:	Revoked by whom (agency) and reason:

APPLICANT (BUSINESS OWNER) EMPLOYMENT HISTORY:

Provide complete business, occupation, and employment history for five years preceding application:

Business/Company:	Location:	Start Date:	End Date:
Business/Company:	Location:	Start Date:	End Date:
Business/Company:	Location:	Start Date:	End Date:
Business/Company:	Location:	Start Date:	End Date:
Business/Company:	Location:	Start Date:	End Date:

TOBACCO RETAIL PERMIT APPLICATION FORM

CITY OF ANAHEIM – PLANNING SERVICES DIVISION

CORPORATION, L.L.C. OR PARTNERSHIPS ONLY

Is this a Sole Ownership? ☐ Sole Ownership
If checked, skip to next page.

Is this a Corporation, L.L. C. or a Partnership? ☐ Corporation ☐ L.L.C. ☐ Partnership ☐ Other _____
If checked, attach copy of Certificate of Limited Partnership, Articles of Organization (L.L.C.) or Articles of Incorporation

State of Registration:	Registration Number:	Date of Registration:

Name of the Corp., L.L.C., or Partnership (as shown in above documents):

Name of Responsible Managing Officer of Corporation, L.L.C. or Partnership:

If **Corporation** is checked, include the names and addresses of each Officer, Director and each Stockholder holding more than five (5) percent of the stock in the Corporation below;
OR
If **L.L.C**. or **Partnership** is checked, include the names, residence addresses & dates of birth of each of the partners, including limited partners or members:

Name:	Home Address:		
Date of Birth:	City:	State:	Zip:
Name:	Home Address:		
Date of Birth:	City:	State:	Zip:
Name:	Home Address:		
Date of Birth:	City:	State:	Zip:
Name:	Home Address:		
Date of Birth:	City:	State:	Zip:
Name:	Home Address:		
Date of Birth:	City:	State:	Zip:

Have any Applicants, Owners, Operators, Officers, Directors, or Stockholders holding five (5) percent or more of the stock in the Corporation or L.L.C., or any Partners or limited Partners of the Partnership, within the past ten (10) years, been convicted of or pled no contest to any misdemeanor or felony in any state (other than a traffic violation)? Please include convictions that have been set aside, dismissed, or expunged under Penal Code § 1203.4 or any equivalent law.
☐ Yes ☐ No

If yes, provide individual name(s), describe offense(s), where, and date of offense(s) below:

If no is marked, and an offense is discovered, the application may be denied pursuant to A.M.C. Section 18.16.090

RESPONSIBLE EMPLOYEE(S):

☐ I AM THE BUSINESS OWNER AND I INTEND TO ACT AS THE RESPONSIBLE EMPLOYEE; OR
☐ I INTEND TO DESIGNATE THE FOLLOWING EMPLOYEE (S) TO ACT AS MY RESPONSIBLE EMPLOYEE

Responsible Employee Name:		Alias or Maiden Name:	
Job Title / Duties:			
CA Driver's License No. or CA ID No.:	S.S.N. or Resident Alien ID No:		Date of Birth:
Phone No:	Home Address:		
E-mail Address:	City:	State:	Zip Code:

Responsible Employee Name:		Alias or Maiden Name:	
Job Title / Duties:			
CA Driver's License No. or CA ID No.:	S.S.N. or Resident Alien ID No:		Date of Birth:
Phone No:	Home Address:		
E-mail Address:	City:	State:	Zip Code:

Responsible Employee Name:		Alias or Maiden Name:	
Job Title / Duties:			
CA Driver's License No. or CA ID No.:	S.S.N. or Resident Alien ID No:		Date of Birth:
Phone No:	Home Address:		
E-mail Address:	City:	State:	Zip Code:

I hereby certify under penalty of perjury that the information given is true and correct, that I have read and reviewed the code requirements for the Tobacco Retail Permit and I understand that I am responsible for the conduct of all employees, attendants and persons employed as a salaried or contract employee or retained as an independent contractor working on the premises, or any person who volunteers his or her services and that failure to comply with California Business and Professions Code Sections 22970 et seq., with any local, state or federal law, or with the provisions of this chapter may result in the revocation of the City-issued permit.

SIGNATURES MUST BE NOTARIZED. ATTACH THE NOTARIZED ACKNOWLEDGEMENT.

Applicant (Business Owner) Signature Date

Responsible Employee Signature Date

Responsible Employee Signature Date

Responsible Employee Signature Date

TOBACCO RETAIL PERMIT APPLICATION FORM

CITY OF ANAHEIM – PLANNING SERVICES DIVISION

EMPLOYEE(S) CRIMINAL RECORD:

Have any employees having supervision or management of the business, within the past ten (10) years, been convicted of or pled no contest to any misdemeanor or felony in any state (other than a traffic violation)? Do not include convictions that have been set aside, dismissed, or expunged under Penal Code § 1203.4 or any equivalent law.

☐ Yes ☐ No

If yes, list the individual, date of the offense, nature of the offense, and the sentence received thereof:

Name:	Date:	Nature of offense:	Sentence:
Name:	Date:	Nature of offense:	Sentence:
Name:	Date:	Nature of offense:	Sentence:
Name:	Date:	Nature of offense:	Sentence:

AGENT INFORMATION *(IF APPLICABLE):*

Agent Name:	Company Name:		Relationship to Applicant:
Personal Phone No:	Home Address:		
E-mail Address:	City:	State:	Zip Code:

I have read and understand the obligations regarding the filing and processing of the attached application. Further, the information submitted as part of this application, including maps, plans, drawings, statements and answers contained herein, are in all respects true and correct.

Signature Date

PROPERTY OWNER INFORMATION:

Property Owner:	Date of Birth (MM/DD/YYYY):		
Personal Phone No.:	Home Address:		
Email Address:	City:	State:	Zip Code:

I have read and understand the obligations regarding the filing and processing of the attached application. Further, the information submitted as part of this application, including maps, plans, drawings, statements and answers contained herein, are in all respects true and correct. **I hereby certify** that I am the legal property owner of record and acknowledge and authorize the person(s) named above as applicant and agent to represent me and bind me in all matters concerning this application for a Regulatory Permit. **I approve of the action requested**.

SIGNATURE MUST BE NOTARIZED. ATTACH THE NOTARIZED ACKNOWLEDGEMENT.

Signature Date