



TOBACCO RETAILER LICENSE GUIDE

City of Los Altos ■ 1 North San Antonio ■ Los Altos, CA, 94022

Phone: (650) 947-2618 ■ BusinessLicense@losaltosca.gov

Los Altos Tobacco Retailer License

All businesses located in Los Altos that sell tobacco products, paraphernalia, or electronic smoking devices are required to obtain a tobacco retailer license.

Required to Sell: Tobacco product - defined as a substance containing tobacco or biologically active amounts of nicotine.

Paraphernalia - cigarette papers or wrappers, pipes, holders of smoking materials, rolling machines, and any other item designed for smoking or ingestion of tobacco products.

License Term: 1 Annual Year, License is non-transferable. Existing Tobacco Retailers will receive a renewal notice by mail.

Requirements:

- License must be prominently displayed in publicly visible place
- No selling of electronic smoking devices or products.
- No self-service displays or vending machines for tobacco products, paraphernalia, or electronic smoking devices
- No one under the age of 21 years is allowed to buy tobacco products, paraphernalia, or electronic smoking devices
- Retailers are required to check the identification of any one who appears younger than 30.
- Retailers are not allowed to sell tobacco within 1000ft of a school or 500 ft of another tobacco retailer, except if the retailer was established prior to the ordinance.
- Violations will be subject to administrative citation procedures (Article 4.48.120)

Submittal of Application

The fee for a new tobacco retailer license and a renewal are listed in the currently adopted fee schedule.

To apply for a tobacco retailer license, submit a completed application to the Business License Division of the Development Services Department at: BusinessLicense@losaltosca.gov

Once the application has been submitted and reviewed, staff will send you a "Pay a Balance Due" email to make your payment online for the Tobacco Retailer License.

After payment is received, you will be sent your license via email.



TOBACCO RETAILER LICENSE APPLICATION

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APPLICATION TYPE

☐ New License Application

☐ Renewal

BUSINESS INFORMATION

Business Name: _____

Corporate Name: _____

Business Address: _____

Mailing Address: _____

Phone: _____ Cell Phone: _____

Email: _____ Web Address: _____

Federal Tax ID/SSN: _____ Seller's Permit #: _____

Los Altos Business License #: _____

Type of Ownership: ☐ Sole Proprietorship ☐ Partnership ☐ Corporation ☐ Other: _____

Type of Business: _____

BUSINESS OWNER INFORMATION (please attach additional sheets as needed)

Owner 1 Name/Title: _____ Owner 2 Name/Title: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Email: _____ Email: _____

AFFIDAVIT

I declare under penalty of perjury that the foregoing information in this tobacco retailer license application is true and correct.

Signature _____ Print Name _____ Date _____

CITY USE ONLY

Finance Use Only

☐ Cash ☐ Check _____ ☐ Credit Card _____ BY: _____ DATE: _____

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