How to Submit a Complete Application Packet

All Applicants must:

- ☐ **Complete, sign** and **submit** this **Application Form.**
- ☐ **Pay** the **Tobacco Retail License fee** of $500 by check via mail or city hall.
- ☐ **Submit** a scanned copy of state of **California Cigarette and Tobacco Products Retailer License.**

New Applicants must ALSO submit:

- ☐ A scanned copy of **Driver's License of Other Government ID** (Individual Owners/Partnerships Only)

Transfer of Ownership Applicants must ALSO submit:

- ☐ A scanned copy of **Driver's License or Other Government ID (***Individual Owners/Partnerships only).*
- ☐ A signed and completed **Transfer of Ownership Certification Form**.

Applications to renew the license are due 30 days prior to expiration date. Application processing will take approximately 30 days. The City of La Mesa will not impose penalties for selling tobacco products without a license on a retailer whose complete application packet has been submitted on time and is being processed.

Upon approval of the TRL application, the City of La Mesa will send the TRL to the business mailing address. Any changes to the information submitted must be emailed within five days of a change to: TRL@cityoflamesa.us

The City of La Mesa encourages you to save a copy of this application for your records.

CITY OF LA MESA
JEWEL of the HILLS

Tobacco Retail License Application

Choose Application Category *(check one)*

☐ **New Application**: ***Choose this category if ANY of the following statements is true since receiving City Tobacco Retail License:***

- Ownership has changed (for example, existing location sold to new owner).
- Type of ownership has changed (for example, from individual owner to corporation.)
- Location of store has changed (for example, owner moves store to a different location).
- This is a new tobacco retail store.

☐ **Renewal Application:** ***Choose this category if BOTH statements are true:***

- The business owner and location are currently licensed by the city.
- Ownership, ownership type, or location have not changed since receiving City Tobacco Retail License.

Section One: Store Information

Store Name/DBA		Store/Branch # *(If applicable)*
Street Address of Store *(Must be located in the incorporated area of City of La Mesa)*		
City	State	Zip
Phone Number of Store	Days and Hours of Operation	
State Tobacco Retail License Number	Expiration Date MM/DD/YYYY	
Adult-Only Store *(Must be 21 or over to enter)*? ☐ Yes ☐ No		
Has this store changed location since receiving a City Tobacco Retail License? ☐ Yes ☐ No		
Has this store had any violations of local, state, or federal tobacco laws within the last 36 months? If yes, please explain in **Section Three.** ☐ Yes ☐ No		

Section Two: Ownership Information

Ownership Type *(Check one box.)*

- ☐ **Individual Owner** *(Copy of Driver's License/Government ID required for new applicants)*
- ☐ **Partnership** *(Please identify one partner in this section; space is provided for additional partners in Section Six. Copy of Driver's License/Government ID required only for this partner, and only for new applicants.)*
- ☐ **Limited Liability Corporation/LLC** *(Please identify registered agent in this section. Copy of Driver's License/Government ID required for new applicants.*)
- ☐ **Corporation** *(Please identify corporate representative in this section.*)

Has the **name** of the business owner changed since receiving a City Tobacco Retail License? ☐ Yes ☐ No

Has the **type of ownership** changed since receiving a City Tobacco Retail License? ☐ Yes ☐ No

Name of Business or Corporation *(If applicable)*

First Name (*Owner/Partner/Agent/Corporate Representative)*	Last Name
Driver's License /Government ID# (*Individuals/partners only*)	Expiration Date MM/DD/YYYY

Business Phone	Cell Phone	Email Address

Is business address same as store address? ☐ Yes ☐ No *(Please provide address below.)*

Business Street Address *(This is where we will send your official Tobacco Retail License. If you do not provide a business address, we will use the store address.)*

City	State	Zip

Section Three: Explanation of Prior Violations and Additional Owners/Partners

Explanation of Previous Violations or Questions/Comments: Please use this area to explain any violations of state or federal tobacco laws within the last five years, or to ask questions or provide input to the program:

Note: A copy of the driver's license or government ID does NOT need to be submitted for additional owners/partners.

First Name		Last Name
Email Address	Driver's License/Govt ID #	Expiration Date MM/DD/YYYY

First Name		Last Name
Email Address	Driver's License/Govt ID #	Expiration Date MM/DD/YYYY

First Name		Last Name
Email Address	Driver's License/Govt ID #	Expiration Date MM/DD/YY