



Business License Application- Tobacco Retailer CITY OF GUADALUPE

\$413 Annual Fee Effective 01-28-2021, Plus \$4.00* (see website below)
Payable & Sent to: Finance Department, 918 Obispo St, Guadalupe, CA 93434

Check One: ☐ New License ☐ Annual Renewal ☐ Reissuance License

Name of Business (DBA): _____ Phone # (____) _____

Business address: _____ City/State/Zip _____

Mailing address (if different): _____ City/State/Zip _____

Email/Website: _____ Driver's License # _____

DOB: _____ SSN: _____

Type of Business Ownership: ☐ Sole Proprietor ☐ Partnership ☐ Corporation ☐ Veteran's Exemption
CORPORATE INFORMATION

Corporate Name: _____ Number: _____

Address/City/State/Zip: _____ Phone: (____) _____

Agent for Service of Process: _____

If this is a sole proprietorship, give name and residence address of owner: _____

If this is a partnership, give name and residence address of each partner, including limited partners: _____

Acquisition Date: _____

If this is a corporation, give name of corporation exactly as stated in Article of Incorporation; place and date of incorporation; names and residence address of each office, director, and each stockholder owning more than 10% of corporation stock:

Date Incorporated: _____

List the names and addresses of the persons that will have authority (Manager) or control over the business, and describe briefly the nature and extent of their duties: _____

If leasing premises, give name and address of owner of said premises: _____

Has the applicant, any owner, or manager been convicted of a crime, or violation of a business license ordinance, in the last ten years?
Yes ☐ No ☐ If yes, give jurisdiction of conviction and list specific charge(s), and sentence imposed. Provide additional information as required in County Code Section 6-34(c). _____

Have you, or any owner of this business, had an application for a business license denied or revoked?

Yes ☐ No ☐ If Yes, give date and jurisdiction: _____

I understand this license is subject to approval/denial of the Guadalupe Department of Public Safety and certify, under penalty of perjury, that the foregoing is true and correct. I further understand that I am subject to the regulations and requirements set forth in City of Guadalupe Municipal Code, Chapter 5.53, and I (we) will comply with the code.

*For more information on \$4 State fee: <https://www.dgs.ca.gov/dsa/Programs/programCert/casp/sb1186.aspx>

Applicant's Signature

Date

For Office Use Only:

Date Rcv'd: _____ Check No: _____ Fee Paid\$: _____ Receipt # _____ Received by: _____

Approval by: _____ Title: _____ Date: ____/____/____

Disapproved by: _____ Title: _____ Date: ____/____/____