

TOBACCO RETAILER'S PERMIT QUESTIONNAIRE/APPLICATION

FOR OFFICIAL USE ONLY- OFFICE OF FINANCE

Account # _____ Fund & Class N005 Start Date _____ Fee Due \$437
Processed by _____ Date _____

To obtain a Tobacco Retailer's Permit, please complete this form and remit the **\$437** fee. If you do not wish to obtain a Tobacco Retailer's Permit, you must still complete this form and mark the appropriate box below.

Please print legibly.

Owner's Name (First Middle Last): _____

Business Name/DBA: _____

Business Phone Number (include area code): _____

Business Address: _____

(Note: A Tobacco Retailer's Permit cannot be issued to a Residence. Residential sales are illegal.)

*Address authorized to receive notices: _____

(only if different from Business address)

(include zip code)

*To ensure confidentiality, please indicate if the address authorized to receive notices is a residence Yes No

Are you a Tobacco Retailer as defined in Section 46.90(d) of the LAMC? Yes No

-If Yes, remit this completed form with your \$437 payment.

-If No, then no payment is required but you must still remit this completed form. You will not be issued a Tobacco Retailer's Permit.

Be advised that selling tobacco products without a Tobacco Retailer's Permit is a misdemeanor punishable by up to 6 months in the county jail and a \$1,000. fine. If you plan to sell tobacco products in the future, you must first obtain a Tobacco Retailer's Permit in order to comply with the law.

I declare under penalty of perjury under the laws of the State of California that the information I have provided in this application is true and correct.

I am the Owner Corporate Officer Owner's Agent/Representative

Print name: _____ Signature: _____

Daytime Phone: _____ Email: _____

Payment by: Check Money Order

****No Split Payments****

For your security, credit card payments are not accepted via mail. To pay via credit card please use our online services or visit one of our public counters. Please note that all Credit or Debit Card payments will be assessed a fee equal to 2.7% of the payment amount.

RETURN CHECK FEE - Please note that if a payment is rejected by the bank, a \$35 fee will be assessed along with any applicable interest and penalty.

MAKE CHECK OR MONEY ORDER PAYABLE TO: Office of Finance, City of Los Angeles

Your check or money order must be drawn on United States banks only. Please write your account number on your payment.

CITY OF LOS ANGELES
TOBACCO PERMITS
P O BOX 30359
LOS ANGELES, CA 90030-0359