



TOBACCO RETAILER LICENSE APPLICATION

8401 LAGUNA PALMS WAY
ELK GROVE, CA 95758
916-478-2211 www.elkgrovecity.org

APPLICATION FEE \$270

PLEASE PRINT OR TYPE

DATE: _____ () New License () Change of Owner () Change of Location

Business Name _____

Business Address: _____

Business Mailing Address _____

Business Phone #:() _____ Emergency #() _____

PROPRIETOR(S) INFORMATION

#1 Owner Name: _____

#2 Owner Name _____

#3 Owner Name: _____

Has any proprietor been issued a license pursuant to this Chapter that is, or was at any time, suspended or revoked and, if so, the dates of the suspension period or the date of revocation? Yes___ No___ ___/___

Any change in the information provided may invalidate the Tobacco Retailer License. The license is **NON - TRANSFERABLE** to a new owner or new location.

It is the responsibility of all tobacco retailer license applicants to identify and obtain all permits and approvals required by federal, state or county regulations. Failure to do so may invalidate your right to do business in the City and in addition may subject you to penalties and legal sanctions.

Signature: _____ Date: _____

OFFICE USE ONLY

License Number: _____ Input By: _____ Payment: _____

Police Approval: _____ Effective Date: _____ Expiration Date: _____

WHITE-CITY

YELLOW --Police

PINK-Applicant