



CITY OF SOLANA BEACH

635 South Highway 101
Solana Beach, CA 92075-2215
(858) 720-2440

APPLICATION FOR TOBACCO RETAILER LICENSE

Sales or use tax may apply to your business activities. You may seek written advice regarding the application of tax to your particular business by writing to the nearest State Board of Equalization Office. Certain information provided in this application may be disclosed pursuant to valid requests for public information.

PLEASE PRINT

Business Name: _____

Business Address: _____

State: _____ City: _____ Zip: _____

Business Phone: (____) _____

Owner/Responsible Party Name: _____
(Last) (First) (Middle)

List below all charges resulting in conviction or plea of Nolo Contendere:

<u>DATE</u>	<u>CHARGE</u>	<u>INVESTIGATING AGENCY</u>	<u>DISPOSITION</u>	<u>DATE RELEASED OR PLACED ON PROBATION</u>

Have you ever been issued a tobacco license/permit?
Yes No If yes, list where issued and by whom.

<u>TYPE</u>	<u>BUSINESS</u>	<u>ADDRESS</u>	<u>ISSUING AGENCY</u>

Have you ever had a tobacco license or permit suspended or revoked, or had an application for the same denied?
Yes No If yes, explain in detail below.

I certify under penalty of perjury that the information I have given is true and correct to the best of my knowledge and belief. I understand and agree to have all required notices, unless otherwise specified, sent by U.S. Mail to the address given on this application. I have read and understand the sections of the San Diego County Code of Regulatory Ordinances pertaining to solicitor’s licenses.

Signature of Applicant: _____ Date: _____

YOU ARE REQUIRED TO SUBMIT THE FOLLOWING WITH YOUR APPLICATION:
(Incomplete applications will NOT be accepted)

1. Copy of photo identification. (California Driver License or state issued identified card only)
2. Copy of State of California Cigarette and Tobacco Retailers License
3. Copy of City of Solana Beach Business Certificate
4. Authorization to Release Information form
5. Fee - new or renewal – FEES ARE NONREFUNDABLE (Please Contact **CodeCompliance@cosb.org** with questions regarding fees or to request an invoice).

<p>Return completed application and copy of identification with applicable fee to: CITY OF SOLANA BEACH Attn: Code Compliance Dept. 635 S. Highway 101 Solana Beach, CA 92075</p>	<p>Incomplete applications will be returned with additional instructions.</p>	<p>Please make checks payable to: “City of Solana Beach”.</p>
--	--	--

COMMUNITY DEVELOPMENT / CODE COMPLIANCE

Approved Disapproved

Reason: _____

By: _____

Date: _____

SHERIFF’S DEPARTMENT

Approved Disapproved

Reason: _____

By: _____

Date: _____

Accepted by: _____ Date: _____

Please make checks payable to

“City of Solana Beach”.

(Revised 01/27/2022)



CITY OF SOLANA BEACH
635 SOUTH HIGHWAY 101, SOLANA BEACH, CA 92075
858/720-2403

AUTHORIZATION TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

Subject Name: _____

Date of Birth: _____ SSN: _____

As an applicant for a business permit/license from the San Diego Sheriff’s Department, I am required to furnish information for use in determining my qualifications. In this connection, I authorize the disclosure and release of any and all truthful information that you may have concerning me, including, but not limited to, employment records, personnel files, background investigation files, disciplinary records, complaints or grievances filed by or against me, training files, arrest, criminal, probation and driving records, military, academic or other records.

I direct you to release this information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the San Diego County Sheriff’s Department.

I understand I will not receive and am not entitled to know the contents of confidential reports received and I further understand that these reports are privileged.

I hereby release you, your organization, their agents and representatives, and any person furnishing information, from any and all liability and/or damage that may result from furnishing the above information. A photocopy of this release is to be considered as valid as an original. This release will expire one (1) year after the date signed.

Signature: _____ Date: _____

Full Name (Printed): _____

<p>SHERIFF’S USE: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVAL Date: _____ Signature: _____</p> <p>COMMENTS: _____</p> <p>_____</p> <p>_____</p>
--