

# TOBACCO RETAILER APPLICATION

## CITY OF EL MONTE

PART I – APPLICANT IDENTIFYING INFORMATION			
LAST NAME	FIRST	MIDDLE	
ALIAS OR MAIDEN NAMES (EXPLAIN REASON FOR NAME CHANGE)			
HOME ADDRESS			
CITY	STATE	ZIP	PHONE (    )
IF A CORPORATION, NAME AND TITLE OF AGENT SIGNING THIS APPLICATION			
DRIVER'S LICENSE NUMBER		SOCIAL SECURITY NUMBER	
PART II – NAME OF BUSINESS ESTABLISHMENT			
BUSINESS NAME			
BUSINESS ADDRESS			NUMBER OF YEARS IN OPERATION?
CITY	STATE	ZIP	BUSINESS PHONE (    )
DESCRIPTION OF BUSINESS			
FEDERAL ID NUMBER			
PART III – TOBACCO PERMIT HISTORY			
List all licenses/permits to do business in the City of El Monte that you have previously held OR applied for relating to the sale of tobacco products. <input type="checkbox"/> I have not applied for or previously held any licenses or permits in the City of El Monte to conduct any type of business involving the sale of tobacco products.			
TOBACCO PERMIT NUMBER			
DATE ISSUED	HAS THIS LICENSE EVER BEEN <input type="checkbox"/> REVOKED <input type="checkbox"/> SUSPENDED	REVOKED DATE OF SUSPENSION TO                      FROM	
REASON			
PART IV – PAST VIOLATIONS			
List all past violations of the El Monte Municipal Code involving the sales of tobacco products and the date and location of each such violation and reason therefore within the past five (5) years.			
VIOLATION	LOCATION	DATE OF VIOLATION	
PART V – CALIFORNIA BOARD OF EQUALIZATION			
VALID CALIFORNIA BOARD OF EQUALIZATION TOBACCO RETAILER LICENSE NUMBER (MUST ATTACH COPY TO THIS APPLICATION)			

I hereby certify, under the penalty of perjury, that the information given is true and correct. I understand that providing false information or withholding information, including any criminal record, is grounds for denial or revocation of my permit, and may subject me to criminal prosecution. I do hereby authorize the City of El Monte, its officers, agents and employees to seek verification of the information contained in this application. I understand that I am obligated to notify the City of El Monte of any changes to the information contained in this application within ten (10) business days. I further understand that I may not conduct the activity applied for until a permit has been granted and that a copy of the City ordinance regulating the sales of tobacco is available to me in the City Clerk's office.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE