



CITY OF LA CAÑADA FLINTRIDGE

1327 Foothill Blvd., La Cañada Flintridge, CA 91011 . Attn: Tobacco Retailers Permit Dept. . 818-790-8880

TOBACCO RETAILER LICENSE APPLICATION

Business Information

Business Name: _____ Ownership: Corporation Corp-Ltd Liability
 Business Address: _____ Partnership Sole Proprietor
 _____ Limited Partnership
 Business Phone: _____ CA BoE Tobacco Retail License #: _____
 LCF Business License #: _____

Business Owner(s) Information Manager (s) Information (optional)

Name: _____	Name: _____
Address: _____	Address: _____
_____	_____
Phone: _____	Phone: _____
Emergency Contact: _____	Emergency Contact: _____

Preferred Mailing Address

Business Address Owner Address

Prior Infractions

List the date and location of any tobacco related infractions committed by the proprietor or agent of the proprietor within the last five (5) years:

Date	Location(s)

Note: If applicable, please attach an explanation of the infraction.

Fees (Please make the checks payable to City of La Cañada Flintridge)

Base Fee:

Additional Fee(s) or Incentive Reductions:

TOTAL AMOUNT DUE:

L.C.F.M.C. § 6.07.020 and Declaration of Understanding

Tobacco Retailer License Required. It shall be unlawful for any Person to act as a Tobacco Retailer in the City without first obtaining and maintaining a valid Tobacco Retailer's License pursuant to this Chapter for each location at which such activity is to occur. Tobacco Retailing without a valid Tobacco Retailer's License shall constitute a nuisance as a matter of law.

I HAVE READ AND UNDERSTAND LA CANADA FLINTRIDGE MUNICIPAL CODE § 6.07.020 AS PROVIDED ABOVE THAT THIS APPLICATION HAS BEEN EXAMINED BY ME AND, TO THE BEST OF MY KNOWLEDGE AND BELIEF, I DECLARE UNDER PENALTY OF PERJURY THAT THE INFORMATION PROVIDED IS TRUE, ACCURATE AND COMPLETE.

Date: _____ Signature of Owner(s): _____

FOR OFFICE USE ONLY

Approved

Denied Reason for Denial: _____

Permit/License #: _____ Effective Date: _____ Expiration Date: _____