



Department of Environmental Health
 Consumer Protection Division
County of Santa Clara
 1555 Berger Drive, Suite 300
 San Jose, CA 95112-2716
 (408) 918-3400, fax (408) 258-5891



TOBACCO RETAILER PERMIT APPLICATION & CERTIFICATION STATEMENT

Owner Information:

Owner Name: _____

(Corporation, LLC Name or First and Last Name of Primary Owner)

Address _____ City _____ ST _____ Zip _____

Phone (____) _____ Ext. _____ Fax (____) _____ Email _____

Do you currently hold a permit to operate a Food Facility in Santa Clara County? No Yes (If Yes please, answer the following):

Facility ID# FA0 _____ Facility Name _____

Facility Information:

CA BOE Cigarette and Tobacco Products Retailer's License#: _____ (Provide Copy)

Facility Name _____

Address _____ City _____ ST _____ Zip _____

Phone (____) _____ Ext. _____ Fax (____) _____ Email _____

Please send Official/Billing Correspondence to: Owner Facility Other (Please specify below):

Name _____

Address _____ City _____ ST _____ Zip _____

This permit is renewable annually. A permit will not be issued or renewed until the application is complete and all fees have been paid. The undersigned certifies, under penalty of perjury, that to the best of his/her knowledge and belief, the statements made herein are complete, correct and true.

I, hereby, acknowledge, a change of ownership to an existing tobacco retail facility is subject to setback requirements that prohibit the operation and retail of tobacco products within 1000 feet from a school and/or 500 feet from a location occupied by another tobacco retailer. Any exemption granted to a prior retailer shall cease to apply upon change of ownership. _____(Initials)

The undersigned hereby applies for a **Permit to Operate and agrees to operate in accordance with all applicable state and local regulations, laws, ordinances, and codes as they may be amended from time to time.** Payment of the required fee(s) and late penalties, if any, to secure a valid permit, is required before commencing or continuing operation. Failure to do so may result in a misdemeanor citation, fines and permit suspension/revocation proceedings. Notify the Department of Environmental Health of any change in the type of business activity, name, billing address, or ownership by calling the number above within 14 calendar days of a change. **PERMITS AND FEES ARE NOT TRANSFERABLE.**

Print Name & Signature: _____ Phone _____ Date _____

For Office Use Only:

Existing Owner ID# OW0 _____ Add New Owner ID# OW0 _____ Add New Facility ID# FA0 _____

Add General Health Program ID# PRO _____ Add General Permit ID# PT0 _____

Assigned Specialist ID _____ P/E _____ Status _____ Discount Code _____ Risk Category _____

Current Permit Valid from ___/___/___ to ___/___/___ Business Code _____ Business Type _____ APN: _____

Name of Nearest School _____ Name of Nearest Tobacco Retailer _____

Address: _____ Address: _____

Permit Conditions and Descriptions: [Supervisor Initials _____]

Add Conditions Modify Conditions Delete Conditions

Approved by: _____ Employee # _____ Date: _____ Supervisor Approval _____

(Specialist)

Support Staff: _____ Entered Date: _____