



**TOBACCO RETAIL SALES LICENSE APPLICATION**

**COH TRL #:** \_\_\_\_\_

**Reason for Application (check one):**  New License  Change of Ownership  Annual Renewal Update

<b>Establishment Type:</b>	<input type="checkbox"/> Tobacco Shop	<input type="checkbox"/> Gas/Service Station	<input type="checkbox"/> Bar/Tavern	<input type="checkbox"/> Food Service
	<input type="checkbox"/> Market/Grocery Store	<input type="checkbox"/> Liquor Store	<input type="checkbox"/> Other Type:	

**Business Information:**

**Application Date:**

Legal Business Name (DBA):		Business Start Date:	
Business Location:			
Business Authorized Mailing Address, City, State, Zip Code <i>(Include Company name if different from DBA):</i>			
Business Phone:		Business Email:	
Hours of Operation:		California Tobacco License No:	
City of Hayward Business License No:		California Board of Equalization Seller's Permit No:	
Conditional Use Permit (if applicable):		Alameda County Health Permit No (if applicable):	
Site Business Operator/Contact Person(s) Name:			<input type="checkbox"/> Manager <input type="checkbox"/> Legal Owner
Contact Phone:		Email:	

**Business Legal Owner(s):**  Individual/Sole Proprietor  Corporation  Partnership  LLC  Other *Attach additional sheets, if necessary.*

1.	Owner Legal Name:		
	Residence Address:		
	I.D./Driver's License No:	Date of Birth:	Expiration Date:
	Mobile or Home Phone:	Email:	
2.	Owner Legal Name:		
	Residence Address:		
	I.D./Driver's License No:	Date of Birth:	Expiration Date:
	Mobile or Home Phone:	Email:	

Has proprietor(s) had any violations of Chapter 10-1.2780 or any tobacco laws within the last five (5) years?  Yes  No

If yes, dates and locations:

**APPLICANT SIGNATURE(S)**

I/we declare under penalty of perjury the information on this application and items submitted in support are true and correct. I/we understand that the signature(s) of all legal owners acknowledges the responsibility of all legal owner(s), agents, and employees to comply with the Hayward Municipal Code (HMC) and all applicable Local, State, or Federal laws related to tobacco, electronic smoking devices, tobacco products/paraphernalia, and drugs/drug paraphernalia. Furthermore, I/we understand and agree with ALL the following: (a) each proprietor guarantees that no drugs or drug paraphernalia will be sold nor any tobacco products to persons under the age of 21; (b) the issuance of this license does not render inapplicable any laws on smoking/vaping in an enclosed areas and/or place of employment (CA Labor Section 6404.5); (c) the City has the right to enter and inspect the business to verify compliance; (d) the license is non-transferable; (e) three violations of any of the license requirements is subject to revocation; AND (g) all tobacco retail sales requirements and operational standards (HMC Section 10-1.2780), including but are not limited to:

- Valid licenses/permits (City/State Tobacco licenses, State Seller's Permit, City business license and use permit) are visibly posted.
- State STAKE Act signs (no sale to persons under the age of 21) are posted at each point of purchase and entrances.
- No tobacco self-service sales or display, vending machines, nor mobile vendor(s) are permitted.
- All tobacco product displays and advertisement meet minimum display and distance requirements and the City's Sign and Zoning ordinance.
- The business **DOES NOT** conduct sales of any of the following (not limited to): (a) drugs/drug paraphernalia or imitation products; (b) bidis products; (c) imitation tobacco products; (d) flavored tobacco products of any kind, including (but not limited) menthol; (f) electronic smoking devices, parts, accessories, components, etc.; (g) vaping items or devices, parts, accessories, ingredients; etc.; (h) any tobacco product that does not meet the established minimum package and sale prices regulations per HMC Section 10-1.2780 to 2795, including no redemption of tobacco product discounts and coupons; (i) unsealed packages; (j) packages not labeled per Federal requirements or not California certified; (k) CBD, hemp products, or products made of any amount of a Cannabis plant.

_____	_____	_____
(1) Print Name	Signature	Date
_____	_____	_____
(2) Print Name	Signature	Date

**PLEASE SUBMIT VALID COPIES OF THE  CALIFORNIA TOBACCO LICENSE AND  SELLER'S PERMIT FOR THE CURRENT BUSINESS LOCATION AND PROPRIETOR(S).**