

Business License No.

TOBACCO RETAILER'S LICENSE

as required under Concord Municipal Code, Chapter 38, Article III, Sec. 38-61

Concord Police Department
 1350 Galindo Street, MS/481, Concord, CA 94520
 www.ci.concord.ca.us • Phone 925 671-3220



Please Check Applicable: New Application Change of Owner Change of Information

Business Name _____	Bus. Start Date _____
Corporate Name _____ <small>(if applicable)</small>	
Business Location _____ <small>(Cannot be P.O. Box per State of California Business and Professions Code-Section 17538.5)</small>	Federal ID No. _____
Mailing Address _____	State ID No. _____
Phone No. _____ Fax No. _____	Email Address _____
Description of Business _____	
Ownership: <input type="checkbox"/> Corporation <input type="checkbox"/> Corp-Ltd Liability <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Trust	

Enter below names of each Owner, Partner, or Corporate Officer seeking a Tobacco Retailer's License (Use additional sheets as necessary)

1st Owner Name _____	Title _____	Home Phone No. _____
Home Address _____ <small>(Cannot be P.O. Box)</small>		Cell / Pager No.. _____
2nd Owner Name _____	Title _____	Home Phone No. _____
Home Address _____ <small>(Cannot be P.O. Box)</small>		Cell / Pager No.. _____

Please enter a single name and address authorized by each proprietor to receive all communications and notices. If an authorized address is not supplied, each proprietor shall be understood to consent to the provision of notice at the business address specified above.

Name _____	Phone No. _____
Address _____	Cell/Pager No. _____

Please provide proof that the location for which a Tobacco Retailer's License is sought, has been issued a valid State Tobacco Retailer's License by the California State Board of Equalization.

Has any proprietor admitted violating or has been found to have violated, or whose proprietorship has admitted violating or been found to have violated this code section CMC 38-61 through 38-80? Yes No

If yes, please list the dates and locations of all such violations within the past six years.

Signature of Owner or Representative: _____ Date: _____

Title: _____

RETURN APPLICATION WITH YOUR BUSINESS LICENSE RENEWAL TO 1950 PARKSIDE DR M/S 06, CONCORD, CA 94519. MAKE CHECK PAYABLE TO CITY OF CONCORD.

This Tobacco Retailer's License is not transferable.