



CITY OF SANTA BARBARA

Application for Tobacco Retailer License

Finance Use Only:
License #

Expiration Date:

General Instructions:

Complete an application for each store or location. There is a \$30.00 annual fee per application. A check for \$30.00 made payable to "City of Santa Barbara" must be remitted with each license requested. The license is non-transferable and must be renewed each year. Once an application is approved, you will receive the license through the mail. If your business closes or a change of ownership occurs, please notify us in writing.

Business Owner or Contact Person in Santa Barbara:	
Title:	Contact Telephone Number:

Type of Ownership (check one): Sole Proprietor Corporation General Partnership Limited Liability Co

Business Name:	SSN or Federal Tax I.D. Number

Location Address:

City:	State:	Zip:

Mailing Address: (if different)

City:	State:	Zip:

Business Phone Number:	Email address:	Fax Number:

If leasing premises, give the name and address of owner of said premises: _____

License Conditions:

I understand that I, or my employees, may not sell, give away, or in any way furnish any tobacco, cigarette, or cigarette papers or other preparation of tobacco or instrument that is designed for the smoking or ingestion of tobacco or tobacco products to any person who is under the age of 18.

I have read the above information and I certify, under penalty of perjury, that the foregoing is true and correct.

Signature

Date

Print Name and Title

**Return completed application form(s) and payment to: City of Santa Barbara - Business Licenses
P.O. Box 1990
Santa Barbara, CA 93102**