



## **TOBACCO RETAILER LICENSE GUIDE**

City of Los Altos ▪ 1 North San Antonio ▪ Los Altos, CA, 94022  
Phone/Fax: (650) 947-2618 ▪ [www.losaltosca.gov/trl](http://www.losaltosca.gov/trl)

### **Los Altos Tobacco Retailer License**

All businesses located in Los Altos that sell tobacco products, paraphernalia, or electronic smoking devices are required to obtain a tobacco retailer license.

***Required to Sell:*** Tobacco product - defined as a substance containing tobacco or biologically active amounts of nicotine.

Paraphernalia - cigarette papers or wrappers, pipes, holders of smoking materials, rolling machines, and any other item designed for smoking or ingestion of tobacco products.

***License Term:*** 1 Annual Year, License is non-transferable. Existing Tobacco Retailers will receive a renewal notice by mail.

***Requirements:***

- License must be prominently displayed in publicly visible place
- No selling of electronic smoking devices or products.
- No self-service displays or vending machines for tobacco products, paraphernalia, or electronic smoking devices
- No one under the age of 21 years is allowed to buy tobacco products, paraphernalia, or electronic smoking devices
- Retailers are required to check the identification of any one who appears younger than 30.
- Retailers are not allowed to sell tobacco within 1000ft of a school or 500 ft of another tobacco retailer, except if the retailer was established prior to the ordinance.
- Violations will be subject to administrative citation procedures (Article 4.48.120)

### **Submittal of Application**

The fees for a tobacco retailer license are as follows: **\$250 for first time applicants (prorated by month), \$150 for renewals.**

To apply for a tobacco retailer license, submit a completed application and payment in person to the Administrative Services Department or mail it to:

Los Altos City Hall, 1 North San Antonio,  
Los Altos, CA, 94022.



# TOBACCO RETAILER LICENSE APPLICATION

City of Los Altos  
1 North San Antonio ■ Los Altos, CA 94022 Phone/  
Fax: (650) 947-2618 ■ www.losaltosca.gov/trl

## APPLICATION TYPE

New License Application (\$250)       Renewal (\$150)

## BUSINESS INFORMATION

Business Name: \_\_\_\_\_

Corporate Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Web Address: \_\_\_\_\_

Federal Tax ID/SSN: \_\_\_\_\_ Seller's Permit #: \_\_\_\_\_

Los Altos Business License #: \_\_\_\_\_

Type of Ownership:  Sole Proprietorship    Partnership    Corporation    Other: \_\_\_\_\_

Type of Business: \_\_\_\_\_

## BUSINESS OWNER INFORMATION (please attach additional sheets as needed)

Owner 1 Name/Title: \_\_\_\_\_ Owner 2 Name/Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

## AFFIDAVIT

I declare under penalty of perjury that the foregoing information in this tobacco retailer license application is true and correct.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

## CITY USE ONLY

### Finance Use Only

Cash    Check \_\_\_\_\_    Credit Card \_\_\_\_\_   BY: \_\_\_\_\_   DATE: \_\_\_\_\_