



TOBACCO RETAIL SALES LICENSE APPLICATION

Reason for Application (check one): New License Change of Ownership Annual Renewal Re-Issuing Revoked License

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

Business Information:

Application Date:

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

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:	
	Has proprietor had violations of Hayward Municipal Code 10-1.2780 or tobacco laws within the last five years? (Check one) <input type="checkbox"/> Yes <input type="checkbox"/> No If so, date(s) and location(s):		
2.	Owner Legal Name:		
	Residence Address:		
	I.D./Driver's License No:	Date of Birth:	Expiration Date:
	Mobile or Home Phone:	Email:	
	Has proprietor had violations of Hayward Municipal Code 10-1.2780 or tobacco laws within the last five years? (Check one) <input type="checkbox"/> Yes <input type="checkbox"/> No If so, date(s) and location(s):		

APPLICANT(S) SIGNATURE(S)

I/we declare under penalty of perjury the information on this application and items submitted in support are true and correct. The signature(s) below of all legal owners acknowledges the responsibility of all proprietor(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, AND the following: (a) each proprietor guarantees no drugs or drug paraphernalia will be sold nor any tobacco products to persons under 21 years; (b) this license does not render inapplicable any laws on smoking/vaping in enclosed areas and/or place of employment (CA Labor 6404.5); (c) the City has the right to inspect business for compliance; (d) violations of the tobacco license requirements will result in penalties, three violations to revocation; AND (e) the following tobacco sales requirements and operational standards (HMC 10-1.2780), however not limited to:

1. Valid licenses/permits (City/State Tobacco licenses, State Seller's Permit, City business license and use permit) must be visibly posted.
2. State STAKE Act signs (no sale to persons under the age of 21) must be posted at each point of purchase and entrances.
3. No tobacco self-service sales or display, vending machines, nor mobile vendor(s) are permitted.
4. All tobacco product displays and advertisement must meet minimum display and distance requirements and the City's Sign and Zoning ordinance.
5. **The business DOES NOT conduct sales of any of the following (not limited to):** (a) drugs/drug paraphernalia; (b) imitation tobacco products; (c) flavored cigarettes or blunt wraps; (d) tobacco products in consumer packages of less than five; (e) single cigarettes; (f) single cigars of five dollars or less; (g) cigarette packages of less of less than 20 cigarettes; (h) unsealed tobacco product packages or packages not labeled per Federal requirements; OR (i) cigarette brands packages not California certified.

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

FOR CITY OFFICE USE ONLY		REVENUE: PLEASE FORWARD ORIGINAL COMPLETED APPLICATION TO CODE ENFORCEMENT	
Tobacco Retail Business Account No:	Invoice No:	Receipt No:	Date Received:
	Amount Due: \$400.00	Amount Paid: \$	Received by:

Please submit valid copies of the California Tobacco License and Seller's Permit for the business location and proprietor(s) with this application.