



10th Largest U.S. City

City of San José

Department of Planning, Building and Code Enforcement
Code Enforcement Division
Tobacco Retail License Application
(408) 535-7770

Check the appropriate **Business Status** and ensure **all required documentation is attached to this application.**
Applications received without the required documentation will be considered incomplete.

Individual Business Application Requirements

Owners Complete Legal Name (Last/First/M.I) _____

Any and all Aliases _____

Contact Person Name _____ Phone No _____

Email address _____

Legal Business Name _____ Business Phone _____

Business Address _____

Residence Address _____ City _____ State _____ Zip Code _____

(Post Office Boxes Not Acceptable) Residence Phone _____

Prior Residence Address (if not at current address for three or more Years) _____

Date of Birth _____ Drivers License No _____ Issuing State _____

Person Authorized to Accept Service of Process on Behalf of the Business (If different from Applicant):

Name: _____ Phone No _____

Address _____

Has any previous City or State Permit been denied, suspended or revoked? Yes No

If so, provide the reasons and business activities _____

Individual Application Attachment Check List: (ALL items listed below must be returned.)

Copy of Valid Government Issued Photo Identification Card or Valid Drivers License

Copy of all Valid City, State and Federal Business Permits and Licenses

Copy of Lease or Contract

SIGN AND DATE THE FOLLOWING:

1. I authorize the City of San Jose to investigate and validate the statements set forth in this application.
2. Pursuant to Section 6.87.440 I hereby agree to fully indemnify, defend and hold harmless the city, its officers, employees and agents for all claims, losses, or liabilities that arise out of the issuance or use of the tobacco retail license or exemption, or that arise out of any sale, distribution, transfer or use of tobacco products or tobacco paraphernalia.
3. I understand and agree all persons signing and required to signed pursuant to SJMC 6.87.440 are bound by the terms of any Tobacco Retail License Issued and shall be liable for any violation of this license.
4. I certify under penalty of perjury that the information provided in the application is true and correct and by applying for the tobacco retail license I shall be deemed the licensee under the tobacco retail license as a result of the submission of the application.

(Signature of Applicant)

(Date)

Partnership Business Application Requirements – CSJ TRL

(Check the Applicable Partnership Type) General Limited Partnership

Complete Legal Partnership Name _____
Contact Person Name _____ Phone No _____
Legal Business Name _____ Business Phone _____
Business Address _____
Email address _____

Person Authorized to Accept Service of Process on Behalf of the Business (If different from Applicant):
Name: _____ Phone No _____
Address _____
Email address _____

List of Partners (Any Person having an ownership interest in the business of more than 10%. If more than three, attach additional sheets) :

Partner 1 - Full Legal Name (Last/First/M.I) _____
Date of Birth _____ Drivers License No _____ Issuing State _____
Residence Address _____ City _____ State _____ Zip Code _____
(Post Office Boxes Not Acceptable)
Prior Residence Address (if not at Current Address for three or more Years) _____

Partner 2 - Full Legal Name (Last/First/M.I) _____
Date of Birth _____ Drivers License No _____ Issuing State _____
Residence Address _____ City _____ State _____ Zip Code _____
(Post Office Boxes Not Acceptable)
Prior Residence Address (if not at Current Address for three or more Years) _____

Partner 3 - Full Legal Name (Last/First/M.I) _____
Date of Birth _____ Drivers License No _____ Issuing State _____
Residence Address _____ City _____ State _____ Zip Code _____
(Post Office Boxes Not Acceptable)
Prior Residence Address (if not at Current Address for three or more Years) _____

Has any previous City or State Permit been denied, suspended or revoked? Yes No
If so, provide the reasons and business activities _____

Partnership Application Attachment Check List: (ALL items listed below must be returned.)

- Copy of Valid Government Issued Photo Identification Card or Valid Drivers License for each Partner including limited Partners having an ownership interest in the business of more than 10%
- Copy of Partnership Agreement (if any)
- If more than three Partners, did you attach additional sheets showing required Partner information?
- Copy of all Valid City, State and Federal Business Permits and Licenses
- Copy of Lease or Contract

I authorize the City of San Jose to investigate and validate the statements set forth in this application
Pursuant to Section 6.87.440 I hereby agree to fully indemnify, defend and hold harmless the city, its officers, employees and agents for all claims, losses, or liabilities that arise out of the issuance or use of the tobacco retail license or exemption, or that arise out of any sale, distribution, transfer or use of tobacco products or tobacco paraphernalia

I understand and agree all persons signing and required to signed pursuant to SJMC 6.87.440 are bound by the terms of any Tobacco Retail License Issued and shall be liable for any violation of this license

I certify under penalty of perjury that the information provided in the application is true and correct and by applying for the tobacco retail license I shall be deemed the licensee under the tobacco retail license as a result of the submission of the application.

Sign and date ALL of the boxes below.

(Signature of Partner 1) Date

(Signature of Partner 2) Date

(Signature of Partner 3) Date

If more than three partners, attach additional sheets

Corporation Business Application Requirements– CSJ TRL

(Check the Applicable Corporation Type) Closely Held Corporation other than Closely Held

Complete Corporate Name _____
(As set forth in the Articles of Incorporation)
Legal Business Name _____ Business Phone _____
Business Address _____
Contact Person Name _____ Phone No _____
Email address _____

Name of the Registered Corporate Agent for Service of Process:
Name: _____ Phone No _____
Address _____
Email address _____

List of Names and Capacity of all Officers, Directors and Principal Owners (If more than three spaces are needed, attach additional sheets with the required information or attach Articles of Incorporation) :

Indicate Stockholder Officer Director
Full Legal Name (Last/First/M.I) _____
Residence Address _____ City _____ State _____ Zip Code _____
(Post Office Boxes Not Acceptable)
Prior Residence Address (if not at Current Address for three or more Years) _____
Date of Birth _____ Drivers License No _____ State _____

Indicate Stockholder Officer Director
Full Legal Name (Last/First/M.I) _____
Residence Address _____ City _____ State _____ Zip Code _____
(Post Office Boxes Not Acceptable)
Prior Residence Address (if not at Current Address for three or more Years) _____
Date of Birth _____ Drivers License No _____ State _____

Indicate Stockholder Officer Director
Full Legal Name (Last/First/M.I) _____
Residence Address _____ City _____ State _____ Zip Code _____
(Post Office Boxes Not Acceptable)
Prior Residence Address (if not at Current Address for three or more Years) _____
Date of Birth _____ Drivers License No _____ State _____

Has any previous City or State Permit been denied, suspended or revoked? Yes No
If so, provide the reasons and business activities _____

Corporation Application Attachment Check List: (ALL items listed below must be returned.)

- Copy of Valid Government Issued Photo Identification Card or Valid Drivers License for each Partner including limited Partners having an ownership interest in the business of more than 10%
- Copy of Articles of Incorporation
- If more than three Partners, did you attach additional sheets showing required Partner information?
- Copy of all Valid City, State and Federal Business Permits and Licenses
- Copy of Lease or Contract
- Evidence of good standing with State of California (If not a Closely Held Corporation)

Sign and Date the Following:

I authorize the City of San Jose to investigate and validate the statements set forth in this application

Following must be signed as indicated:

Pursuant to Section 6.87.440 I hereby agree to fully indemnify, defend and hold harmless the city, its officers, employees and agents for all claims, losses, or liabilities that arise out of the issuance or use of the tobacco retail license or exemption, or that arise out of any sale, distribution, transfer or use of tobacco products or tobacco paraphernalia I understand and agree all persons signing and required to signed pursuant to SJMC 6.87.440 are bound by the terms of any Tobacco Retail License Issued and shall be liable for any violation of this license

(Signature of Chairperson of Board, President or Vice President) Date

(Signature of Secretary of Board, Assistant Secretary, CFO or Assistant Treasurer) Date

I certify under penalty of perjury that the information provided in the application is true and correct and by applying for the tobacco retail license I shall be deemed the licensee under the tobacco retail license as a result of the submission of the application.

Limited Liability Company Application Requirements– CSJ TRL

(Check the Applicable Company Type) Member Managed Managed by Manger

Complete Legal Company Name _____

(As set forth in the Articles of Organization)

Contact Person Name _____ Phone No _____

Email address _____

Name of the Registered Corporate Agent for Service of Process:

Name: _____ Phone No _____

Address _____

Email address _____

List of Names of all Managers and Members (If more than three spaces are needed, attach additional sheets with the required information or attach Articles of Organization) :

Indicate Manager Member

Full Legal Name (Last/First/M.I) _____

Residence Address _____ City _____ State _____ Zip Code _____

(Post Office Boxes Not Acceptable)

Prior Residence Address (if not at Current Address for three or more Years) _____

Date of Birth _____ Drivers License No _____ State _____

Indicate Manager Member

Full Legal Name (Last/First/M.I) _____

Residence Address _____ City _____ State _____ Zip Code _____

(Post Office Boxes Not Acceptable)

Prior Residence Address (if not at Current Address for three or more Years) _____

Date of Birth _____ Drivers License No _____ State _____

Indicate Manager Member

Full Legal Name (Last/First/M.I) _____

Residence Address _____ City _____ State _____ Zip Code _____

(Post Office Boxes Not Acceptable)

Prior Residence Address (if not at Current Address for three or more Years) _____

Date of Birth _____ Drivers License No _____ State _____

Has any previous City or State Permit been denied, suspended or revoked? Yes No

If so, provide the reasons and business activities _____

Limited Liability Company Application Attachment Check List: (ALL items listed below must be returned.)

- Copy of Valid Government Issued Photo Identification Card or Valid Drivers License for each Member or Manager
- Copy of Articles of Organization
- If more than three Partners, did you attach additional sheets showing required Partner information?
- Copy of all Valid City, State and Federal Business Permits and Licenses
- Copy of Lease or Contract
- Evidence of good standing with State of California (If not a Closely Held Corporation)

Sign and Date the Following:

I authorize the City of San Jose to investigate and validate the statements set forth in this application

Pursuant to Section 6.87.440 I hereby agree to fully indemnify, defend and hold harmless the city, its officers, employees and agents for all claims, losses, or liabilities that arise out of the issuance or use of the tobacco retail license or exemption, or that arise out of any sale, distribution, transfer or use of tobacco products or tobacco paraphernalia I understand and agree all persons signing and required to signed pursuant to SJMC 6.87.440 are bound by the terms of any Tobacco Retail License Issued and shall be liable for any violation of this license

I certify under penalty of perjury that the information provided in the application is true and correct and by applying for the tobacco retail license I shall be deemed the licensee under the tobacco retail license as a result of the submission of the application.

Following must be signed by each member or by an Officer Authorized by the Articles of Organization or the Operating Agreement to bind the Company:

Authorized Signature(s) Date

Authorized Signature(s) Date

Authorized Signature(s) Date

Authorized Signature(s) Date