

**License Services**

214 South C Street  
 Oxnard, CA 93030-5790  
 (805) 385-7817 • Fax (805) 385-7836

**TOBACCO RETAILER PERMIT APPLICATION**



**PLEASE TYPE OR PRINT CLEARLY AND COMPLETE ALL SECTIONS. AN INCOMPLETE APPLICATION WILL NOT BE PROCESSED.**

Business Name (DBA)			Starting Date		
Corporation, Limited Partnership, Limited Liability Co., Limited Liability Partnership, Partnership or Trust Name (if different from above)			Business Phone		
Business Address		City	State	Zip	Federal Employer ID No.
Mailing Address		City	State	Zip	
Type of Ownership <input type="checkbox"/> Sole <input type="checkbox"/> Corporation <input type="checkbox"/> LP <input type="checkbox"/> Partnership <input type="checkbox"/> LLP <input type="checkbox"/> Trust <input type="checkbox"/> LLC			Tobacco Retailer's License Number # _____ SUBMIT APPLICATION WITH COPY OF LICENSE ISSUED BY THE CALIFORNIA DEPARTMENT OF TAX AND FEE ADMINISTRATION. THE INFORMATION ON THE LICENSE MUST MATCH THE INFORMATION ON YOUR BUSINESS TAX CERTIFICATE.		
<b>List full legal name, home address and home telephone of each proprietor or authorized agent. Attach additional sheets if necessary.</b>					
(1) Name		Title		Home Telephone	
Home Address		City	State	Zip	
(2) Name		Title		Home Telephone	
Home Address		City	State	Zip	
List all dates and locations of any admitted violations of this article or of any tobacco permit requirement by any proprietor or any agent of the proprietor and the dates and locations of any violations of this article or of any tobacco permit requirement found to have been committed by any proprietor or any agent of the proprietor within the previous five years. (attach additional sheet if needed)					
Proprietor or Authorized Agent Name		Type of Violation	Location of Violation		Date of Violation
Proprietor or Authorized Agent Name		Type of Violation	Location of Violation		Date of Violation
Proprietor or Authorized Agent Name		Type of Violation	Location of Violation		Date of Violation

I am aware the collector must be notified within 10 business days in writing of any changes in the information submitted on this application. I further declare under penalty of perjury that the information and statements contained herein are true and correct to the best of my knowledge and belief. I am also aware that any false information provided in the application may result in the denial or revocation of the permit.

Signature of Proprietor or Authorized Agent \_\_\_\_\_ Date \_\_\_\_\_

The City Code is available online at <http://www.amlegal.com/library/ca/oxnard.shtml> and is also available at the City of Oxnard, Library located at 251 S A St. (Search Tobacco Retailers Permit for Rules & Regulations)

**FEES PAID IN CONJUNCTION WITH THIS RENEWAL APPLICATION ARE NON-REFUNDABLE**

**FOR CITY USE ONLY**

Business Tax Certificate No. \_\_\_\_\_  
 Tobacco Retailer Permit No. \_\_\_\_\_  
 Control No. \_\_\_\_\_  
 Permit Fee: **\$95.00** Date Received: \_\_\_\_\_  
 Received by: \_\_\_\_\_  
 Date Issued: \_\_\_\_\_ Expiration Date \_\_\_\_\_

<b>POLICE DEPARTMENT</b>	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Conditional Approval	
By: _____	Date: _____

Date	No. of Pages
To	From
Co./Dept.	Co. <b>CITY OF OXNARD</b>
Phone #	Phone #
Fax #	Fax # <b>(805) 385-7836</b>