

City of Glendale
Office of the City Clerk
613 E. Broadway, Room 110
Glendale, CA 91206
818-548-2090

Application for Tobacco Retail Sale Permit

Glendale Ordinance No. 5577
Resolution 07-169

Application Fee: **\$50.00**
Permit Fee: \$225.00 (upon approval)
Requirements:

**Original copy of California State Board of
Equalization Cigarette & Tobacco
Retailer's License** (We will make a copy)

Personal Affidavits: Yes

Photographs: Yes (2) New Applications Only

Fingerprints: New Applications Only (\$52.00)

First Application _____
Renewal _____
Permit #: TRS _____

Date: _____

Business Name: _____

Address: _____

(street)

(city)

(zip)

Phone: _____ Hours of Operation: _____

Ownership: Individual _____ Partnership _____ Corporation _____

Individual: Name: _____

Home Address: _____

City and Zip: _____ Phone: _____

Partnership: Name: _____

Home Address: _____

City and Zip: _____ Phone: _____

Name: _____

Home Address: _____

City and Zip: _____ Phone: _____

Name: _____

Home Address: _____

City and Zip: _____ Phone: _____

Corporation: Officer's Name: _____

Home Address: _____

City and Zip: _____ Phone: _____

Officer's Name: _____

Home Address: _____

City and Zip: _____ Phone: _____

Officer's Name: _____

Home Address: _____

City and Zip: _____ Phone: _____

Manager or Person in Charge:

Name: _____

Home Address: _____

City and Zip: _____ Phone: _____

(continued on reverse)

Have you or any partnership or corporation of which you were a member or officer had any license or permit denied, suspended or revoked by any state, territory or governmental agency? _____

If you answered "Yes" to the preceding question, attach a supplementary statement giving a complete and detailed explanation, including dates, names used, license or permit numbers, reasons and convictions. Any plea of nolo contendere must be disclosed.

ATTACH COMPLETED SUPPLEMENTARY PAGE IF REQUIRED



I have read and understand the provisions, rules and regulations of the City of Glendale, California and the Municipal Code governing the type of license or permit for which I am applying.

I declare under penalty of perjury that all of the information contained in this application and any accompanying documents is true and correct, with full knowledge that all statements made in this form are subject to investigation. Any false or dishonest answer to any question may be grounds for denial or subsequent revocation of license or permit.

(signature)

(title)

(date)

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____, _____

(Notary Public or any other person authorized to administer oaths.)



818-548-2090

**CITY OF GLENDALE
PERSONAL AFFIDAVIT IN SUPPORT OF APPLICATION**

PLEASE PRINT OR TYPE

DATE: _____

FULL NAME _____
Last First Middle

RESIDENCE _____
Street City State/Zip
HOME PHONE () _____

BUSINESS _____
Street City State/Zip
BUSINESS PHONE () _____

DESCRIPTION _____
Date of Birth Sex Hgt. Wgt. Hair Color Eye Color

DRIVER'S LICENSE NO. _____ **SOCIAL SECURITY** _____

List any and all other names used for legal identification:

Have you **ever** been convicted of a felony and/or misdemeanor? If answer is "YES" list the dates, specify the conviction, and identify the court and case number.

I HAVE READ AND UNDERSTAND THE PROVISIONS, RULES AND REGULATIONS OF THE CITY OF GLENDALE, CALIFORNIA AND THE MUNICIPAL CODE GOVERNING THE TYPE OF LICENSE OR PERMIT FOR WHICH I AM APPLYING.

Organization: _____

Signed: _____

Title: _____