



County of Riverside  
**DEPARTMENT OF ENVIRONMENTAL HEALTH**

www.rivcoeh.org

Department of Environmental Health

P.O. Box 7909

Riverside, CA 92513-7909

District# \_\_\_\_\_

PR# \_\_\_\_\_

OCR# \_\_\_\_\_

Check # \_\_\_\_\_

EHS \_\_\_\_\_

**APPLICATION FOR A RETAIL TOBACCO PERMIT**  
**Riverside County Ordinance No. 838**

THIS APPLICATION IS FOR:

- NEW PERMIT
- RE-ISSUING A REVOKED PERMIT
- ANNUAL RENEWAL
- CHANGE OF OWNERSHIP

DATE OF PURCHASE \_\_\_\_\_

NAME OF OWNER(S): \_\_\_\_\_ DBA: \_\_\_\_\_

(NAME OF THE BUSINESS)

ADDRESS OF DBA: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PREVIOUS NAME OF BUSINESS AT THIS ADDRESS (IF ANY): \_\_\_\_\_

CA DEPT OF TAX AND FEE ADMINISTRATION TOBACCO RETAIL LICENSE #: LRQ-ET \_\_\_\_\_

HAS THIS FACILITY HAD ANY PREVIOUS TOBACCO RELATED VIOLATIONS IN RIVERSIDE COUNTY? YES / NO  
IF YES, PROVIDE DETAILS BELOW OR ON A SEPARATE SHEET OF PAPER. INCLUDE NAME OF BUSINESS, DATE,  
ADDRESS AND TYPE OF VIOLATION.

ANNUAL TOBACCO PERMIT FEE- **\$436.00**

PLEASE SUBMIT A CHECK OR MONEY ORDER WITH YOUR APPLICATION MADE PAYABLE TO:  
**RIVERSIDE COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH**

A RETAIL TOBACCO PERMIT FROM THE RIVERSIDE COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH IS REQUIRED BEFORE RETAILING ANY TOBACCO, TOBACCO PRODUCTS, OR TOBACCO PARAPHERNALIA, AND IS CONTINGENT UPON THE OBSERVANCE OF FEDERAL, STATE, AND LOCAL TOBACCO LAWS. SELLING TOBACCO WITHOUT A PERMIT IS A SERIOUS OFFENSE, AND COULD RESULT IN SUBSTANTIAL PENALTIES INCLUDING FINES AND THE DENIAL OF FUTURE RIVERSIDE COUNTY RETAIL TOBACCO PERMITS. PERMITS ARE ISSUED TO FIXED ADDRESSES ONLY, AND EACH ADDRESS REQUIRES A SEPARATE PERMIT.

I AM HEREBY APPLYING FOR A RIVERSIDE COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH RETAIL TOBACCO PERMIT WITH THE APPROPRIATE FEES ENCLOSED, TO OPERATE AT THE ABOVE ADDRESS IN RIVERSIDE COUNTY AND I ALSO STATE THAT THE INFORMATION GIVEN ON THIS FORM IS TRUE AND CORRECT.

DATE: \_\_\_\_\_ OWNER(S) SIGNATURE: \_\_\_\_\_

DRIVER'S LICENSE #/EXP. DATE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

BUSINESS TELEPHONE #: \_\_\_\_\_ HOME TELEPHONE #: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

**For Our Office Locations Call Us at (888)722-4234 or Visit Our Website at www.rivcoeh.org**