

County of Riverside DEPARTMENT OF ENVIRONMENTAL HEALTH

www.rivcoeh.org

Department of Environmental Health

P.O. Box 7909 Riverside, CA 92513-7909

DIST	rict#		
	_		

PR# _____

OCR# _____

APPLICATION FO	R A RETAIL	TOBACCO	PERMIT
			1 12121411

Riverside County Ordinance No. 838

EHS			

Check #

THIS APPLICATION IS FOR:	☐ NEW PERMIT ☐ ANNUAL RENEWAL			
DATE OF PURCHASE				
NAME OF OWNER(S):				
FACILITY NAME:				
FACILITY ADDRESS:		CITY:	ZII	P:
BILLING ADDRESS:		CITY:	STATE:	_ ZIP:
PREVIOUS NAME OF BUSINESS AT	THIS ADDRESS (IF ANY):			
CA DEPT OF TAX AND FEE ADMINI	STRATION TOBACCO RE	ΓAIL LICENSE #: LRQ-	ET	
HAS THIS FACILITY HAD ANY PRETIF YES, PROVIDE DETAILS BELOW ADDRESS AND TYPE OF VIOLATION	OR ON A SEPARATE SH			
ANNUAL TOBACCO PERMIT FEE- §				
PLEASE SUBMIT A CHECK OR MON RIVERSIDE COUNTY DEPARTMENT			'AYABLE TO:	
A RETAIL TOBACCO PERMIT FRO REQUIRED BEFORE RETAILING AN CONTINGENT UPON THE OBSERVA WITHOUT A PERMIT IS A SERIOUS AND THE DENIAL OF FUTURE RIV ADDRESSES ONLY, AND EACH ADD	NY TOBACCO, TOBACCO ANCE OF FEDERAL, STA' OFFENSE, AND COULD R ERSIDE COUNTY RETAIL	PRODUCTS, OR TOE TE, AND LOCAL TOB ESULT IN SUBSTANTI TOBACCO PERMITS.	SACCO PARAPHERN ACCO LAWS. SELL AL PENALTIES INC	NALIA, AND IS ING TOBACCO LUDING FINES
I AM HEREBY APPLYING FOR A TOBACCO PERMIT WITH THE APPR COUNTY AND I ALSO STATE THAT	OPRIATE FEES ENCLOSE	O, TO OPERATE AT TH	E ABOVE ADDRESS	IN RIVERSIDE
DATE:	OWNER(S) SIGNATUR	E:		
DRIVER'S LICENSE #/EXP. DATE: _		DAT	E OF BIRTH:	
BUSINESS TELEPHONE #:		OWNER TELEI	PHONE #:	
E-MAIL ADDRESS:				

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