



**CITY OF GARDENA  
APPLICATION FOR TOBACCO RETAILER PERMIT**

**BUSINESS INFORMATION**

**(PLEASE PRINT OR TYPE)**

NAME OF BUSINESS \_\_\_\_\_ PHONE NO. \_\_\_\_\_

ADDRESS OF BUSINESS \_\_\_\_\_

NAME OF APPLICANT \_\_\_\_\_

COMPLETE DESCRIPTION OF BUSINESS \_\_\_\_\_

**MAILING ADDRESS (IF DIFFERENT FROM BUSINESS ADDRESS)**

\_\_\_\_\_

**OWNERSHIP INFORMATION**

OWNER'S NAME \_\_\_\_\_ PHONE NO. \_\_\_\_\_

OWNER'S HOME ADDRESS \_\_\_\_\_

NAME AND HOME ADDRESS OF ALL OTHER OFFICERS/PARTNERS

\_\_\_\_\_  
\_\_\_\_\_

HAS THE APPLICANT, ITS AGENTS OR EMPLOYEES BEEN CONVICTED OF A FELONY OR MISDEMEANOR INVOLVING OR RELATED TO THE SALE OF TOBACCO, TOBACCO PARAPHENALIA OR TOBACCO PRODUCTS WITHIN THE PAST 6 YEARS? \_\_\_\_\_ IF YES, PLEASE EXPLAIN BELOW. ATTACH SEPARATE SHEET IF NEEDED.

\_\_\_\_\_

**SIGNATURE**

I, \_\_\_\_\_ declare under penalty of perjury that the statements contained in the attached Application for Tobacco Retailer Permit are true and correct to the best of my knowledge and belief and that this statement is executed with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for the refusal to issue or revocation of a permit and/or license hereunder.

Signature of Applicant(s): \_\_\_\_\_

Print Name: \_\_\_\_\_

Date : \_\_\_\_\_

**BELOW FOR OFFICE USE ONLY**

**DOCUMENTS REQUIRED:**

CITY BUSINESS LICENSE

BOE-TOBACCO RETAILER  
PERMIT

<p><b>PROCESSED BY:</b> _____</p> <p><b>DATE:</b> _____</p>
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