

NEW APPLICATION (CONTINUED) – PAGE 2 of 2

PROPERTY OWNER (if different from owner)

A copy of the lease or rental agreement is required per OCC 7.92.2(a)(1)(e).

Property Owner: _____

Address: _____
Street address City State ZIP Code

Phone: _____ Email: _____

OTHER LICENSING INFORMATION

Do you own or operate a business in another California city where a Tobacco Retail License is required? YES* NO

*If YES, what city/cities? _____

*If YES, have you received any warnings, penalties or notices of violations of that Tobacco Retail License? If so, please explain: _____

REQUIRED LICENSES:

City of Oceanside Business License Number: BL- _____ Expiration: _____

State of California (BOE) Tobacco License Number: _____ Expiration: _____

ACKNOWLEDGEMENT AND SIGNATURE

I declare under penalty of perjury, under the laws of the State of California, that this application is true and correct to the best of my knowledge. I certify that I will sell tobacco products in accordance with all applicable federal, state, and local laws and regulations. I further understand that any false statements made in this application are grounds for denial or revocation of the Tobacco Retail License.

Signature of owner or authorized agent: _____ Date: _____

Printed name of owner/agent: _____

ADMINISTRATION FEE OF \$319.63 IS DUE UPON SUBMISSION OF APPLICATION

Make checks payable to CITY OF OCEANSIDE.

Mail completed application and payment to:

City of Oceanside
Attn: Central Cashiering
300 N Coast Hwy, Oceanside, CA 92054

INCOMPLETE APPLICATIONS OR APPLICATIONS WITHOUT PAYMENT WILL NOT BE PROCESSED