



*City Use Only*	
Approved/Denied:	_____
By:	_____
License #:	_____

**ANNUAL APPLICATION  
FOR TOBACCO RETAILERS LICENSE**

City Ordinance No. 546 requires that all retail establishments located in the City of Indian Wells wishing to sell or continue to sell cigarettes, tobacco products, cigarette paper and/or cigarette wrappers must have a Tobacco Retailers License.

ALL BUSINESSES RECEIVING THIS NOTICE ARE TO PROVIDE INFORMATION REQUESTED AND RETURN THIS FORM TO THE ADDRESS BELOW.

**Please check one, then sign and date below:**

My business **DOES NOT SELL** CIGARETTE, TOBACCO PRODUCTS, CIGARETTE PAPER AND/OR CIGARETTE WRAPPERS.

Business: \_\_\_\_\_ Address: \_\_\_\_\_  
Complete Business Name

My business **DOES SELL** CIGARETTE, TOBACCO PRODUCTS, CIGARETTE PAPER AND/OR CIGARETTE WRAPPERS and I am providing the following information for my Tobacco Retailers License:

1. Name and address of business: \_\_\_\_\_
2. Business Mailing Address: \_\_\_\_\_
3. Business Telephone Number: \_\_\_\_\_
4. Name of Business Owner(s) or Officer(s): \_\_\_\_\_
5. Indicate type of business (i.e. drug or grocery store, gasoline station, etc.):  
 \_\_\_\_\_
6. Describe the area within your business establishment to be used for cigarette sales (for example, cigarettes sold by cashier at check out stand, customers help themselves at cigarette display):  
 \_\_\_\_\_
7. Does your business currently have an active State of California Tobacco Sales License?:  
 License Number: \_\_\_\_\_
8. Has your State of California Tobacco Sales License ever been suspended or revoked? If so, please list the dates of suspension or revocation period:  
 \_\_\_\_\_

**I declare under penalty of perjury that the information contained in this application is true and correct to the best of my knowledge and belief. Furthermore, any license(s) required by the County, State or Federal Government are issued to me and are in full force and effect.**

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_