

PLUMAS COUNTY PUBLIC HEALTH AGENCY

270 County Hospital Road • Quincy, CA 95971 • (530)283-6337 • Fax (530)283-6425



Mimi Khin Hall, M.P.H.
Director

Application for a Tobacco Retail License

Authority: Plumas County Ordinance 16-1103

Check One: New License Renewal Reissuance License

(License automatically renews annually for 4 years for retailers in compliance with Plumas County Ordinance 16-1103.)

Attach a current copy of the State of California Board of Equalization Tobacco Retail License to this application.

Business Information			
Name of Business (DBA):		CA BOE Tobacco Lic #	
Address, City, Zip:			
Phone:		Alt. Phone:	
Has business violated any local, state or Federal tobacco control laws in the past 5 years? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, provide date and type of violation:			
Type of Business:	<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation		
Sole or Partnership Point of Contact Information			
Proprietor Name:		E-mail:	
Mailing Address, City, Zip:			
Phone:		Alt. Phone:	
Corporation Information			
Corporate Name:		Number:	
Address, City, Zip:			
Phone:		Alt. Phone:	
Agent for Service of Process (Name):		Phone:	
Mailing Address, City, Zip:			

Approval of this application and issuance of a Plumas County Tobacco Retail License is required before commencing tobacco retailing. The undersigned applicant agrees to operate in accordance with all applicable state laws and local ordinances.*

I, the undersigned, declare under penalty of perjury that all of the information provided in this application is true, complete and accurate and that I am informed of the laws affecting Tobacco Retailing Licenses and shall ensure that all employees and retail associates are informed of all Federal, State, and local tobacco-related laws pertaining to the license.

Proprietor/Authorized:

Print Name		Signature		Date	
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Mail a separate application for each tobacco retail location to:

Plumas County Tobacco Retail Licensing, 270 County Hospital Road Suite 206, Quincy, CA 95971

For Office Use Only:	
TRL Approval by: _____	Date: ___/___/___
TRL#: _____ Completed/Sent by: _____	Date: ___/___/___

*As this program is rolled out there may be additional information required at a future date, of which you will be notified.