City of Hawthorne Tobacco Retail License
City of Hawthorne Resolution No. 7265
Application for Tobacco Retail License

Mail to: City of Hawthorne / Licensing & Cashiering
4455 W. 126th Street / Hawthorne, CA 90250
(310) 349-2935 (office) / (310) 978-9858 (fax)

This Application if for:  (       ) New Permit   (     ) Re-Issuing a Revoked Permit
(       ) Annual Renewal   (     ) Change of Ownership

Business Information

Business Name: _____________________________________________  Phone Number: ____________________

Business Address: ___________________________________________________________________________________

Business Mailing Address: ____________________________________________________________________________

Previous Name of Business at this Address (if any):_________________________________________________________

State of California Board of Equalization Tobacco Retail License #: __________________________________________

Owner Information

#1 Owner/Operator Name:    Home/Cell Number   Drivers License

#2 Owner/Operator Name:    Home/Cell Number   Drivers License

ANNUAL TOBACCO PERMIT FEE —$379.00 (NON-REFUNDABLE)

Please submit payment to CITY OF HAWTHORNE

A Tobacco Retail License from the City of Hawthorne is required before retailing any tobacco, tobacco products, or paraphernalia, and is contingent upon the observance of federal, state, and local tobacco laws. Selling tobacco without a license is a serious offense, and could result in substantial penalties including fines and the denial of future City of Hawthorne Tobacco Retailing Permits. Permits are issued to fixed addresses only, and each address requires a separate permit.

I hereby apply for a tobacco-retailing permit with the appropriate fees attached, to operate at the above address in the City of Hawthorne and I also, state that the information given on this form is true and correct.

Owner:  _________________________________________________________   Date: ______________________________________

Signature

FOR OFFICE USE ONLY

Permit/License Number: _______________________________ Effective Date: _______________________________

Payment method: __________________________ Date Rec’d: ___________________ By: ________________________________