



Environmental Health
 Mario Kalson, Director
 100 H Street, Eureka, CA 95501
 phone: (707) 445-6215 | fax (707) 441-5699

Affidavit of

 Name

 Business Name and License Number

I, attest that I am the owner of the above-mentioned business and possess the California Tobacco license number _____. I certify that I will not sell any tobacco product without a license required by this chapter (TRL Ordinance 817-9.c.6). I certify, as a licensed tobacco retailer I shall inform the Department in writing of any change in the information submitted on this application for a tobacco retailer’s license within 30 business days of a change (TRL Ordinance 817-9. d). I understand that upon the receipt of a complete application and payment of a nonrefundable application fee and the license fee required by this chapter, the Department may approve or deny the application for a license, or it may delay action for a reasonable period of time to complete any investigation of the application or the applicant deemed necessary (TRL Ordinance 817-7.a). I understand that a tobacco retailer’s license is invalid if the appropriate fee has not been paid in full or if the term of the license has expired. The term of a tobacco retailer license is one (1) year and each tobacco retailer shall apply for the renewal of their tobacco retailer’s license and submit the license fee no later than 30 days prior to the expiration of the current license. A retailer that fails to submit a renewal application and fee may be ineligible for license renewal and must submit a new application pursuant to Section 817-6 at the discretion of the Department (TRL Ordinance 817-8.a).

 Signature of Applicant

 Date

