



City of El Segundo

Tobacco Retailer License Application

Business Name	Date
Business Address	Business Telephone
Applicant's Name	Applicant's Daytime Phone
Applicant's Mailing Address	Applicant's Evening Phone

List all persons authorized to receive notices:		
Name	Mailing Address	Telephone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

Owners or Officers:		
Name	Mailing Address	Telephone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

Has any person named in Items above of this application had a permit for the same or similar business **suspended or revoked**? **YES** **NO**
 If YES, state the circumstances and dates of such suspension or revocation:

Additional Information to be considered for approval

DECLARATION

I am the applicant in the above application; I have read the foregoing application and know the contents thereof; and I declare that the same is true of my own knowledge, except as to matters therein stated on information of belief, and as to those matters, I believe it to be true.

I declare under penalty of perjury that the foregoing is true and correct.

DATE: _____ SIGNATURE: _____

<p>Police Department:</p> <p>Approved/Denied _____</p> <p>Signature _____ Date _____</p> <p>Restrictions, Limitation or Extensions:</p> <p>_____</p>	<p>Additional Notes:</p> <p>_____</p>
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