



CITY OF TEMECULA

41000 Main Street 951-694-6400
Temecula, CA 92590 TemeculaCA.gov

BUSINESS LICENSE & TOBACCO SHOP PERMIT APPLICATION

Introduction:

This application must be used for any business that wishes to operate a tobacco shop (as defined in Chapter 5.24 of the Temecula Municipal Code). No business may operate as a tobacco shop without a valid business license and a valid tobacco shop permit. Submittal of an application and payment of fees **does not** constitute a valid license or permit.

What are the steps to the process?

1. The owner/applicant must complete a Livescan prior to the submission of this application. Livescan forms and instructions are available at TemeculaCA.gov/Tobacco
2. **Prior to submitting the application**, applicants should verify that they have **all** of the required paperwork and completed all responses on the application forms. Failure to submit any portion of this application will result in a rejected application or delayed review.
3. **Business License** will review the Tobacco Shop Permit (TSP) application upon submittal.
4. **Planning** processes the TSP (or renewal) and reviews the TSP for completeness. Payment will be required.
5. **Police** will review the contents of the application to ensure the accuracy and integrity of the application.
6. **Planning** will continue to process a TSP, if approved by the Police Department and all requirements are met.
7. **Building & Safety/Fire** will require tenant improvement permits, or a Non-Construction Certificate of Occupancy for all new locations or changes in ownership. Renewals without any ownership or location changes will not be required to obtain a new occupancy certificate.
8. **Business License** will review the finalized application. Payment will be required. A copy of the business license and TSP will be mailed within a few weeks.

Processing times will vary depending on Department of Justice (DOJ) timelines, caseloads, and the completeness/responsiveness of applicants. **NOTE: We cannot accept online or e-mail submissions of any Tobacco Shop Permits. Complete applications must be mailed to or brought to:**
City of Temecula, Attn: Business License Division, 41000 Main Street, Temecula, CA 92590

SECTION A	BUSINESS LICENSE CHECKLIST
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In addition to the items required in this packet, all of the following items **must be attached to this page** (when applicable). Failure to submit any portion of this application will result in a rejected application or delayed review.

PLEASE ATTACH THE FOLLOWING TO THIS PAGE (WHEN APPLICABLE)

- Any county, state, or federal licenses required for the business (health permits, etc.)
- Agent Letter if sending an authorized agent –notarized or with an Owner’s ID if not notarized
- Articles of Incorporation / Organization / Formation as filed with the Secretary of State
- City of Temecula Tobacco Retailer License
- State of California Board of Equalization Tobacco Retail License
- Proof of Fictitious Name Filing for the Business Name/ dba (doing business as) with the Riverside County
- States Sales Tax ID/Sellers Permit (if selling tangible goods or rentals that require sales tax to be collected)

Cost?

Fees are available at TemeculaCA.gov/fees.



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SECTION B

BUSINESS LICENSE

INFORMATION IN SECTION B IS SUBJECT TO PUBLIC RECORD(S) DISCLOSURE

What type of application is this?

New Application Renewal Change of Owner (Corp. Only) Change of Name (with fictitious business name)

Precise Business Name

Corporate Name (if applicable)

Business Location (Cannot be a P.O. Box per State of California Business & Professions Code § 17538.5)

Unit/Suite #

Description of the Business

Hours (7 a.m. - 9 p.m. max.)

What is the ownership structure?

Corporation Corp.-Limited Liability Partnership Sole Proprietor Trust

Phone

Sellers Permit #

State Tobacco Retail License #:

Website URL

SECTION C

MAILING ADDRESS/EMAIL

Mailing Street Name & Number

Unit #

City

Zip

Email

SECTION D

EMERGENCY POINT OF CONTACT

Contact Name

Title

Phone

Street Number & Street Name

Unit #

City

Zip

SECTION E

PROPERTY OWNER INFORMATION

First Name (or Company Name)

Last Name

Middle Initial

Property Owner Street Number & Name

Unit #

City

Zip

Property Owner Email

Property Owner Phone

SECTION F

APPLICANT

First Name

Middle Initial

Last Name

Street Number & Street Name

Unit #

City

Zip

Applicant Email

Applicant Phone

FOR CITY STAFF				DEPT.	DATE REC'D	PERMIT/LIC. #	INITIAL	DATE
Date Rec'd.		Penalty #		Bus. Lic. (Start)				
Date Paid		Invoice #		Planning (Start)				
License Fee				Police				
<input type="checkbox"/> Cash <input type="checkbox"/> AMX <input type="checkbox"/> DC <input type="checkbox"/> MC <input type="checkbox"/> VISA <input type="checkbox"/> Check #				Planning (TSP)				
				Building/Fire				
				Bus. Lic. (End)				

CITY OF TEMECULA BUSINESS LICENSE AND TOBACCO SHOP APPLICATION

SECTION G

STATEMENT OF OPERATIONS

Instructions: Please provide a detailed description of the business.

What are your hours of operation? (Must be between 7:00 a.m. to 9:00 p.m.)

I certify under the penalty of perjury of the laws of the State of California that all of the information provided in this application is true and correct. I also understand that an incomplete or unsigned application may be denied.

Applicant/Manager/Operator (Circle one) Signature	Date
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Applicant/Manager/Operator (Circle one) Printed Name

CITY OF TEMECULA BUSINESS LICENSE AND TOBACCO SHOP APPLICATION

SECTION H	BUSINESS OWNERSHIP
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Instructions: Please answer the following questions accurately.

What type of ownership is this business?
 Corporation Corp.-Limited Liability Partnership/Joint Venture Sole Proprietor Other

Is this a limited partnership?
 No Yes (if yes, please provide a copy of the Certificate of Limited Partnership filed with the State)

Is this a corporation or is one or more partners a corporation?
 No Yes

What is the name of the Corporation? (The name must be set forth exactly as shown in the articles of incorporation or charter)

State of Incorporation.	Date of Incorporation. (dd/mm/yyyy)	
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SECTION I	BUSINESS OWNER/APPLICANT: RESIDENTIAL INFORMATION
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Instructions: For corporations or partnerships with corporations, all names and addresses of current Officers/Directors must be provided as well as any stockholder holding more than 5% of the stock of the corporation. If needed, use an additional copy of this sheet.

First Name	Middle Initial	Last Name	
Street Number & Street Name	Unit #	City	Zip
First Name	Middle Initial	Last Name	
Street Number & Street Name	Unit #	City	Zip
First Name	Middle Initial	Last Name	
Street Number & Street Name	Unit #	City	Zip
First Name	Middle Initial	Last Name	
Street Number & Street Name	Unit #	City	Zip
First Name	Middle Initial	Last Name	
Street Number & Street Name	Unit #	City	Zip
First Name	Middle Initial	Last Name	
Street Number & Street Name	Unit #	City	Zip
First Name	Middle Initial	Last Name	
Street Number & Street Name	Unit #	City	Zip

CITY OF TEMECULA BUSINESS LICENSE AND TOBACCO SHOP APPLICATION

SECTION J

OPERATOR PERMIT HISTORY

Have you ever had any tobacco retailers license and/or tobacco shop permit denied, revoked, and or suspended?

No Yes (if yes, please list where the violation occurred):

Have you ever had any permit or license to conduct a tobacco shop business issued or denied by any governmental authority?

No Yes

Was the permit or license denied, revoked, or suspended?

What was the reason for the denial, revocation or suspension of the tobacco shop business license or permit?

SECTION K

OPERATOR CRIMINAL HISTORY

Instructions: Please list all criminal convictions and pending charges occurring in any state or country, including pleas of no contest, within the last ten (10) years, including those dismissed or expunged pursuant to Penal Code §1203.4, excluding traffic infractions or violations. Use additional sheets, if necessary.

Date of Conviction (dd/mm/yyyy)

Place of Conviction

Reason for Conviction

Date of Conviction (dd/mm/yyyy)

Place of Conviction

Reason for Conviction

CITY OF TEMECULA BUSINESS LICENSE AND TOBACCO SHOP APPLICATION

SECTION L	CERTIFICATION & ACKNOWLEDGEMENT
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Instructions: Read this section and **all** referenced material thoroughly. All applicants, managers, operators, employees, independent contractors and staff are responsible for knowing the rules and regulations for tobacco shops within the City of Temecula. Use an additional copy of this sheet, if needed.

ALL APPLICANTS, MANAGERS & OPERATORS, must sign and initial a separate copy of this form.

I am a(n): <input type="checkbox"/> Applicant <input type="checkbox"/> Operator <input type="checkbox"/> Manager (check all that apply)	Initial
I have reviewed Chapter 5.24 of the Temecula Municipal Code.	
I understand Chapter 5.24 of the Temecula Municipal Code and its contents.	
I will only employ persons of legal age to sell tobacco products.	
I understand the duties of a manager as required in Chapter 5.24 of the Temecula Municipal Code.	
I authorize the Chief of Police to investigate the truth of the information contained in the application.	
I will be responsible for the conduct of all tobacco shop operators, employees, agents, independent contractors, other representatives while such person(s) are on the premises of the tobacco shop, and that failure to comply with the provisions of Chapter 5.24 of the Temecula Municipal Code and any federal, state, or local law may result in the revocation of the tobacco shop permit.	
I understand that during the term of a permit, the permit holder must notify the police department of any changes within 10 business days, in writing.	
I understand that I may not reapply for a period of 12 months if my application is denied, revoked, or suspended.	
I understand that false, misleading, or fraudulent statements or omission(s) may result in the application being denied.	
I understand that if I have not satisfied the requirements of this application in the time specified, the application may be denied.	
I understand that I must apply for my business license/tobacco shop permit renewal a minimum of 60 days prior to the expiration. I also understand that all business licenses and tobacco shop permits expire on January 31 of each year.	
I certify under the penalty of perjury of the laws of the State of California that all of the information provided in this application is true and correct. I also understand that an incomplete or unsigned application will be rejected.	
Applicant/Manager/Operator Signature	Date
Applicant/Manager/Operator Printed Name	

ALL APPLICANTS, MANAGERS & OPERATORS, must sign and initial a separate copy of this form.

PROPERTY OWNER LETTER

After this page please provide a **notarized** letter from the legal property owner.

The letter **must** acknowledge that a tobacco shop will be located on the premises & that the tobacco shop must operate in compliance with the requirements of Chapter 5.24 of the Temecula Municipal Code.

Here is **sample** language:

COMPANY/OWNER'S LETTERHEAD

To:
City of Temecula
41000 Main Street
Temecula, CA 92590

From:
Jane Doe (Title)
123 ABC Way
Flagstaff, Arizona, 86011

09/26/2023

Dear City of Temecula:

This letter is in reference to a tobacco shop permit for John's Tobacco Shop located on my property at 2525 Winchester Road, Suite A, Temecula, CA 92592. I acknowledge and understand that this tobacco shop will be located on my property. I also understand the tobacco shop must operate in compliance with Chapter 5.24 of the Temecula Municipal Code, in its entirety. I understand all of the requirements and possible consequences, including revocation of permits, for businesses that operate in violation of the Temecula Municipal Code.

Sincerely,

Jane Doe

Jane Doe
President

NOTARIZED & SEALED

COPY OF LEASE

After this page provide a copy of the lease.

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