

RENEWAL APPLICATION FOR RETAILER'S CIGARETTE AND TOBACCO PRODUCTS LICENSE

[FOID]	YOUR ACCOUNT NO.

BOARD USE ONLY

RA-B/A	AUD	REG
RR-QS	FILE	REF

EFF

**READ INSTRUCTIONS
BEFORE PREPARING**

BOARD OF EQUALIZATION
EXCISE TAXES DIVISION
P O BOX 942879
SACRAMENTO CA 94279-0056

CALIFORNIA CIGARETTE AND TOBACCO PRODUCTS LICENSING ACT OF 2003

GENERAL INFORMATION

The State Board of Equalization (BOE) is responsible for administering the California Cigarette and Tobacco Products Licensing Act of 2003 under Division 8.6 (commencing with section 22970) of the California Business and Professions Code (the Act). The Act requires every retailer of cigarettes or tobacco products in this state to be licensed by the BOE. Under the Act, every retailer must obtain and maintain a separate license for each location at which cigarettes or tobacco products are sold. A retailer must conspicuously display the license at each retail location.

FILING REQUIREMENTS

You must complete and return this renewal application to the BOE in order to maintain your cigarette and tobacco products license. There is no cost to renew your license provided this form is postmarked on or before the due date. The renewal application consists of Section I: Cigarette and Tobacco Products License Account Information; Section II: Cancellation Notice; Section III: Business Change; Section IV: Signature; and Schedule A, (if enclosed). **Your renewal application will not be processed if it is incomplete or not signed under Section I and Section IV.**

Retailers who have allowed their Cigarette and Tobacco Products Retailer License to expire and failed to renew timely will be required to pay a reinstatement fee of \$100.00 in order for a license to be reactivated and issued. The reinstatement fee applies to each license which has expired and was not renewed timely. Please remember, you may not sell cigarettes and/or tobacco products without a valid Cigarette and Tobacco Products Retailer License.

SECTION I: CIGARETTE AND TOBACCO PRODUCTS LICENSE ACCOUNT INFORMATION

1. Enter the total number of business locations that you operate at which cigarettes or tobacco products are sold and for which you are applying for renewal (from Schedule A if more than one location). 1. _____

Check box only if you have completed Section II and/or Section III of this form.

I hereby certify that this application, including any accompanying schedules and statements, has been examined by me and to the best of my knowledge and belief is a true, correct, and complete application.

YOUR SIGNATURE AND TITLE	E-MAIL ADDRESS	TELEPHONE NUMBER	DATE
--------------------------	----------------	------------------	------

Make a copy of this document for your records.
(continued on reverse)

SECTION II: CANCELLATION NOTICE *(complete this section if you will not be renewing your Retailer's Cigarette and Tobacco Products License)*

I am no longer in business. Date business discontinued: _____

Please provide your current daytime telephone number and address: _____

SECTION III: BUSINESS CHANGE *(complete this section only if the information preprinted on the front of this application or on the enclosed Schedule A, if applicable, is incorrect or if there has been a change in the ownership of the business)*

1) TYPE OF NEW OWNERSHIP

Sole Owner Husband & Wife Co-Partnership Partnership Limited Partnership (LP) Limited Liability Partnership (LLP)
 Corporation Limited Liability Company (LLC) Registered Domestic Partnership Other *(describe)* _____

2) NEW CORPORATION/LLC NAME AND NUMBER (list names of corporate/LLC officers, members or managers below)

3) NEW OWNER/PARTNER/PRESIDENT NAME

4) NEW BUSINESS OR TRADE NAME/DBA

5) NEW LOCATION OF BUSINESS (do not use a PO Box or agent's address for location of business)	DAYTIME TELEPHONE NUMBER
	()

6) NEW MAILING ADDRESS (if different from business location; do not enter agent's address here)	DAYTIME TELEPHONE NUMBER
	()

7) NEW AGENT/BOOKKEEPER NAME	8) NEW AGENT/BOOKKEEPER TELEPHONE NUMBER
	()

9) NEW AGENT/BOOKKEEPER MAILING ADDRESS

Please use this address as my mailing address. *(check box and attach signed power of attorney form to use agent's address for the account mailing address)*

SECTION IV: SIGNATURE *(this section must be completed if you made any changes to Section II or III)*

I affirm that the applicant (including each general partner and each person who has control as defined in California Business and Professions Code section 22971(p)) has not been convicted of a felony under sections 30473 or 30480 of the Revenue and Taxation Code and has not violated and will not violate or cause or permit to be violated any of the provisions of the Cigarette and Tobacco Products Licensing Act of 2003 or any rule of the State Board of Equalization applicable to the applicant (including each general partner and each person who has control as defined in California Business and Professions Code section 22971(p)) pertaining to the manufacture, sale, or distribution of cigarettes or tobacco products. The applicant (including each general partner and each person who has control as defined in California Business and Professions Code section 22971(p)) also agrees to comply with the reporting, payment, record keeping, and license display requirements as specified in the Cigarette and Tobacco Products Licensing Act of 2003 under Division 8.6 (commencing with section 22970) of the California Business and Professions Code. (If you are unable to affirm this statement, you must provide the BOE with a separate statement containing the nature of any violation or reasons that will prevent you from complying with the requirements with respect to the statement.)

I certify that all the information provided in this application is complete, true and accurate and I understand that any person who asserts the truth of any material matter that he or she knows to be false is guilty of a misdemeanor punishable by imprisonment of up to one year in county jail, or a fine of not more than one thousand dollars (\$1,000), or both the fine and imprisonment.

Note: This must be signed by an owner, partner, corporate officer, LLC member or manager, or by an authorized agent. **For a partnership, attach authorization signed by all general partners; for a corporation, attach corporate resolution; and for a LLC, attach articles of organization which authorize the individual who signs below to certify this application. If signed by an authorized agent, a properly completed power of attorney form must be attached to this application.**

SIGNATURE	TITLE
PRINT NAME	PHONE NUMBER
	()
	DATE

If you wish additional information, please contact the State Board of Equalization, Excise Taxes Division, 450 N Street, P.O. Box 942879, Sacramento, CA 94279-0056, Telephone 800-400-7115

