



Application for Tobacco License

City of Union City Municipal Code Chapter 5.42

Mail to:

Finance Department
 34009 Alvarado-Niles Road
 Union City, CA 94587
 P: (510) 675-5312 / F: 510-489-5074 / E: Biz-License@UnionCity.Org

Reason for Application (Check One):

New License
 Change of Ownership
 Re-Issuing Revoked License

Business Information

Business Name:	Business Phone #:
Business Location Address:	
Business Mailing Address:	
Date Opened:	Location Zoning: <input type="checkbox"/> Pre-existing <input type="checkbox"/> New
Business Hours of Operation:	Union City Business License #:
Alameda County Health Permit #: <i>*Please attach copy of permit</i>	CDTFA Seller's Permit #: <i>*Please attach copy of permit</i>
California ABC Permit # (if applicable): <i>*Please attach copy of license</i>	CDTFA Cigarette/Tobacco License #: <i>*Please attach copy of permit</i>

Owner / Operator Information (Attach additional sheets for owners if necessary)

#1 Owner/Operator Name	Phone #:	
Home Address:		
Date of Birth:	Driver License ID #	Driver License Exp. Date
Violations of Chapter 5.42 of Union City Municipal Code in Previous 5 Years (if applicable). Attach additional sheets if necessary.		
Date(s):	Location(s):	
#2 Owner/Operator Name		Phone #:
Home Address:		
Date of Birth:	Driver License ID #	Driver License Exp. Date
Violations of Chapter 5.42 of Union City Municipal Code in Previous 5 Years (if applicable). Attach additional sheets if necessary.		
Date(s):	Location(s):	

A Tobacco License from the City of Union City is required for the sale and distribution of tobacco products and tobacco paraphernalia. Licenses are mandated to comply with all Federal, State, and Local laws in the operation of their business. By signing this application, each Proprietor has been informed of the Tobacco License performance standards, associated fees, and regulations. Any location issued a Tobacco License is not allowed to sell tobacco products to any person under the age of 18 years old. Selling tobacco without a license is a serious offense and could result in the substantial denial of future Tobacco Retailer's Licenses. Licenses are issued to fixed addresses only and each address requires a separate license. Additionally, each proprietor guarantees that no Drug Paraphernalia will be sold at the business. **Union City Municipal Code 5.42.**

I hereby apply for a Tobacco License with the appropriate fees attached to operate at the above listed address in the City of Union City. I also hereby state the information provided in this application is true and correct.

#1 Owner (Printed) _____ #1 Owner (Signature) _____ Date _____

#2 Owner (Printed) _____ #2 Owner (Signature) _____ Date _____

FOR OFFICE USE ONLY		
Finance Date Received:	Finance Received By:	Finance Payment Amount Received:
ECD Date Reviewed:	ECD Reviewed By:	<input type="checkbox"/> ECD Approved <input type="checkbox"/> ECD Denied
ECD Comments:		
PD Date Reviewed:	PD Reviewed By:	<input type="checkbox"/> PD Approved <input type="checkbox"/> PD Denied
PD Comments:		
Finance Tobacco License #:	Finance Tobacco License Effective Date:	