



CITY OF SOUTH EL MONTE  
1415 Santa Anita Avenue  
South El Monte, CA 91733  
Telephone (626) 579-6540

## **TOBACCO AND ELECTRONIC CIGARETTE RETAIL PERMIT**

Date of Application \_\_\_\_\_

Applicant: \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_

Email \_\_\_\_\_ Telephone \_\_\_\_\_

Business Information: \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

\_\_\_\_\_ Telephone \_\_\_\_\_

Please designate which address to receive all permit-related communications and notices:

\_\_\_\_\_

Have you previously been issued a Tobacco and Electronic Cigarette Retail Permit that is or was at any time suspended or revoked and, if so, the dates of the suspension period or the date of revocation?

\_\_\_\_\_

\_\_\_\_\_

I understand all restrictions and regulations put forth in SEMM Chapter 8.40 and will provide the city in writing any updates to the information provided on this form within 10 business days of any change.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date