



RIVERSIDE POLICE DEPARTMENT TOBACCO RETAIL ESTABLISHMENT PERMIT INFORMATION SHEET

GENERAL INFORMATION

The City of Riverside Municipal Code 6.24.040 has the following Tobacco Establishment Permit requirements.

- A. Application for a tobacco retail establishment permit shall be submitted in the name of each proprietor proposing to conduct retail tobacco sales and shall be signed by each proprietor or an authorized agent thereof. It is the responsibility of each proprietor to be informed regarding all laws applicable to tobacco retailing, including those laws affecting the issuance of a tobacco retail establishment permit.
- B. No proprietor may rely on the issuance of a permit as a determination by the city that the proprietor has complied with all laws applicable to tobacco retailing. A permit issued contrary to this chapter, contrary to any other law, or on the basis of false or misleading information supplied by a proprietor shall be revoked pursuant to Section 6.24.100 of this chapter.

THE FOLLOWING STEPS MUST BE COMPLETED TO OBTAIN A TOBACCO RETAIL ESTABLISHMENT PERMIT WITHIN THE CITY OF RIVERSIDE:

- | | |
|--|--|
| 1 Review Riverside Municipal Code Chapter 6.24.040 | 6 State issued Tobacco Retailer License & Seller's Permit |
| 2 Application: Completed in full (Including Property Owner Acknowledgment/Notary) | 7 Valid Photo Identification of Applicant (Color Copy), Valid Photo Identification of Owner (if different from Applicant) |
| 3 Pre-Application Form (Zoning Approval) | 8 Copy of Lease/Proof of Ownership (Rental Agreement/Mortgage, etc.) |
| 4 Riverside Business Tax License (Copy of current license) | 9 County of Riverside Environmental Health Tobacco Permit |
| 5 Corporate Articles, etc. including resolutions/certificates of incumbency for authorized signatures | |

Submit items 3-9 along with the completed application. Application processing may take up to 90 days. Once the application has been approved, the Tobacco Retail Establishment Permit will be issued.

FEES (Credit/Debit Card or Cash/Check/Money Order Payable to City of Riverside)

\$593.00	Tobacco Establishment Permit Fee (New Business/Change of Ownership)
\$593.00	Tobacco Establishment Permit Renewal Fee

THIS PERMIT MUST BE RENEWED EVERY TWO YEARS

There is no grace period for renewals. Renewal Applications must be received before the expiration of your license or you will have to re-apply and pay any applicable fees.
All fees are non-refundable.

Complete applications will be accepted by appointment only (walk-ins will not be seen).

To schedule an appointment, visit our website at: RiversideCA.gov/RPD/Permits

Appointments will be seen at the Riverside Police Department – Magnolia Station located at 10540 Magnolia Ave., Riverside, CA 92505.

For further questions, contact the Special Investigations Division - Vice Unit:

Telephone: (951) 353-7614 | Email: RPDVice@RiversideCA.gov



RIVERSIDE POLICE DEPARTMENT

TOBACCO RETAIL ESTABLISHMENT PERMIT

— PRE-APPLICATION ZONING APPROVAL —

Applicant Name:	
Business Name:	
Type of Business:	License Permit Type:
Proposed Business Site:	

City Planning Approval:	☐ Zoning Approved	☐ Zoning Not Approved
City of Riverside Planning Approver		
Staff Name:		
Title:		
Phone Number:		

The undersigned acknowledges and understands that the approval set forth on this form in no way represents that the business proposed to be conducted on the site listed above, complies with applicable zoning laws, planning requirements or use permits, and that additional conditions may need to be met prior to conducting business on the site.

**Contact the Planning Department at (951) 826-5800 directly prior to beginning your business.
3900 Main St., 3rd Floor, Riverside, CA 92522**

Signature of Applicant:
Print or Type Name:



RIVERSIDE POLICE DEPARTMENT TOBACCO RETAIL ESTABLISHMENT PERMIT APPLICATION

PERMIT	FEES
☐ Tobacco Retail Establishment Permit Fee (New Business/Change of Ownership)	\$593.00
☐ Tobacco Retail Establishment Renewal Permit Fee	\$593.00

SECTION A (PLEASE COMPLETE THIS SECTION FIRST)

1. Do you understand the questions in this Application?

☐

Yes

☐

No

Applicant's Name:

Applicant's Signature:

Date:

2. Translator or Interpreter Acknowledgment

A. Do you need a translator or interpreter to understand the questions within this Tobacco Application?

☐

Yes

☐

No

If "Yes," please list language and dialect:

Language:

Dialect:

B. Has the translator assisted you in understanding the questions within this application?

☐

Yes

☐

No

Translator/Interpreter Name (Print):

Translator/Interpreter Signature:

Date:

Relationship to Applicant:

Applicant's Name (Print):

Applicant's Signature:

Date:

SECTION B - APPLICANT INFORMATION

1. Applicant's Name

Last Name:

First Name:

Middle Name:

2. List any and all names, nicknames or aliases you have used in the past:

3. Home Address

Street Address:

City:

State:

Zip:

Home Telephone Number:

Cell Phone Number:

4. Mailing Address (if different from Home Address)

Street Address:

City:

State:

Zip:

5. Email Address:

6. Driver's License or Identification Number:

State of Issuance:

7. Other Identification:

Number:

8. Social Security Number:

Date of Birth:

9. Current Employment

Business Name:

Street Address:

City:

State:

Zip:

Business Telephone Number:

10. Hours of Operation

DAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Open AM/PM							
Close AM/PM							

11. Employment History for the past 5 years

DATES	EMPLOYER	STREET ADDRESS	TELEPHONE #	REASON FOR LEAVING

12. All name(s) under which you will advertise and/or conduct your business:**13. Address where you will conduct business**

Street Address:	City:	State:	Zip:
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14. Have you held any similar licenses, permits or certificates in the last five years?☐ Yes ☐ No

If "Yes," please list:

TYPE	DATE ISSUED	DATE EXPIRED	ISSUING AGENCY

15. A. Have you had any application for a similar license, permit or certificate denied?	☐ Yes ☐ No
If "Yes," explain:	
B. Have you had any similar license, permit or certificate issued to you revoked?	☐ Yes ☐ No
If "Yes," explain:	
C. Have you had any similar license, permit or certificate issued to you suspended?	☐ Yes ☐ No
If "Yes," explain:	
16. Have you ever been arrested or given a citation for violating any law related to Tobacco sales?	☐ Yes ☐ No
If "Yes," list dates and locations, and explain:	
17. To your knowledge, have any business partners, employees, or persons working at your establishment ever been arrested or given a citation for violating any law related to tobacco sales?	☐ Yes ☐ No
If "Yes," list dates and locations, and explain:	

18. In the past 10 years, have you been arrested and/or convicted of a crime?

☐

Yes

☐

No

If "Yes," provide the following:

OFFENSE	DATE OF ARREST/ CONVICTION	LOCATION	PAROLE OR PROBATION

19. List any and all persons, associations, partnerships, or corporations holding an interest or involvement in the practice for which you are applying:

NAME	TITLE	ADDRESS	PHONE NUMBER

20. Have you read and understand Riverside Municipal Code Chapter 6.24, which applies to the tobacco permit?

☐

Yes

☐

No

SECTION C – OWNER/FICTITIOUS BUSINESS

1. Owner's/Business's Name (if different than Applicant)

Last Name:

First Name:

Middle Name:

2. Owner's/Business's Mailing Address (if different than Proposed Business Site)

Street Address:

City:

State:

Zip:

3. Owner's/Business's Email Address (if different than Applicant)

4. Agent for Service of Process

Last Name:

First Name:

Middle Name:

Street Address:

City:

State:

Zip:

Phone Number:

Email Address:

5. Owner's Driver's License or Identification Number (if owned by a person)

6. State of Issuance

7. Owner's/Business's Social Security Number/Tax Identification Number

SECTION D - DECLARATIONS

- | | |
|--|-----------------|
| 1. I have read the provisions of Chapter 6.24 of the Riverside Municipal Code governing tobacco. | Initials: _____ |
| 2. I understand that I am required to comply with all laws related to tobacco sales and businesses. If this application is approved, I agree to abide by applicable laws and ordinances. | Initials: _____ |
| 3. I understand that I must apply for renewal of my permit before it expires. I also understand that if I do not apply for my renewal before the expiration date, I will be required to re-apply and pay all applicable fees. | Initials: _____ |
| 4. I have read this entire application and all of the answers provided above. I understand that any material misrepresentation or omission, intentional or not, may result in the denial of this application or the permit issued pursuant to this application. | Initials: _____ |
| 5. I hereby declare that I am authorized to submit this application on behalf of the entity or individual listed on the application because I am an owner of the entity, I have authority from the owner or am the owner. | Initials: _____ |
| 6. I acknowledge that any false, misleading, or fraudulent statement of material fact in individual listed on the application because I am an owner of the entity, I have authority from the owner or am the owner. | Initials: _____ |
| 7. I hereby declare that I have read and understand all the laws, rules and regulations, and policies and procedures associated with this application; and that I fully understand the nature, meaning, and content of such laws, rules, and policies. I warrant and represent that I will adhere to all laws, rules, and policies, during the application process and after a permit is issued by the City. | Initials: _____ |
| 8. I hereby declare that I have conducted my own research and investigation regarding the compliance of the proposed location with state and local laws, including, but not limited to, location requirements, zoning regulations, and address requirements. I further declare that the proposed location of the permit fully complies with applicable state and local law. | Initials: _____ |
| 9. I acknowledge that any promise, representation, or any other statement made to me by any agent or employee of the City that is not contained within this application is null, void, and unenforceable and that I am not relying on any such promise, representation, or statement. | Initials: _____ |
| 10. I acknowledge the City will review this application for compliance with applicable laws, regulations, and ordinances, and that this application may be denied as allowed by laws, rules, or policies of the City. | Initials: _____ |
| 11. I acknowledge that this application does not confer an entitlement or a vested right to receive a permit, and I acknowledge that I must follow all rules and procedures to obtain a permit prior to operating or otherwise claiming that I have any such right to a permit or to operate. | Initials: _____ |
| 12. I hereby declare that I have read this acknowledgment and advisement, that I have had the opportunity to consult with, and be represented by, legal counsel of my own choice prior to the execution and submission of this application, and that I am knowingly and voluntarily submitting this application in compliance with this acknowledgment and advisement and all applicable laws. | Initials: _____ |

13. I acknowledge that I am jointly and severally liable for any and all taxes, fees, and charges associated with the permit.	Initials: _____
14. I consent for the City of Riverside, by and through its appropriate officers, agents, and employees to verify and confirm the information contained in this application, and to conduct such other investigations as may be reasonably required by the City of Riverside, its officers, agents, and employees for the purpose of determining the capability, fitness, and capacity of the applicant to obtain a Tobacco Permit.	Initials: _____
15. Whenever there is a change in information that was required to be submitted in the application. Such notification shall be in writing to the Riverside Police Department within ten (10) business days of the change.	Initials: _____
16. I have read and understand the provisions of Chapter 1.17 of the Riverside Municipal Code.	Initials: _____
17. I have read and understand the provisions of Riverside Municipal Code 9.04.225, which prohibit the sale and distribution of Nitrous Oxide (NOS).	Initials: _____
18. I have read and understand the provisions of Riverside Municipal Code 9.04.235, which prohibit the sale and distribution of all Kratom products.	Initials: _____
19. I have read and understand the Department of Justice Unflavored Tobacco List, which identifies tobacco products that may be lawfully sold in California.	Initials: _____
20. I have read and understand Business & Professions Code sections 22980–22983, which prohibit the sale and distribution of cannabis and cannabis products (including CBD) wherever nicotine or tobacco products are stored or sold.	Initials: _____
21. I hereby give consent to the City of Riverside and the Riverside Police Department to search and inspect the retail location listed on this application, or any location where tobacco and nicotine products are stored or sold, including containers therein, during regular business hours, with or without a warrant, to determine compliance with RMC Chapter 6.24 and applicable state/federal laws governing tobacco sales. I further understand that failure to comply or cooperate with the Riverside Police Department may result in the denial of this application or the revocation of a permit based on this application.	Initials: _____

Riverside Police Department shall complete an investigation of the qualifications and moral character of the applicant and either grant or deny the permit within ninety (90) days after the submission of the completed application; provided, however, if good cause exists, the Riverside Police Department may extend the period of investigation for an additional thirty (30) days, provided the applicant is mailed notification or verbally notified that the investigation has not been completed.

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

Print Name:	Applicant's Signature:	Date:



RIVERSIDE POLICE DEPARTMENT

TOBACCO RETAIL ESTABLISHMENT

PROPERTY OWNER ACKNOWLEDGMENT

OF SALE AND DISTRIBUTION OF TOBACCO PRODUCTS

I, _____, declare under penalty of perjury that:

(Name of Property Owner/ Authorized Representative)

1. I am the Property Owner of record, or the duly authorized representative of the Property Owner, for the real Property located at _____.
(Address/"The Property")

2. The Property Owner acknowledges and consents to the business, _____,
(Business Name)

(Tenant Applicant (Corporation/LLC/Partnership/Sole Owner))

conducting the proposed sales and distribution of tobacco at the Property.

3. No person shall engage in any sales or distribution of tobacco products on the proposed Property without all licenses and permits required by the Riverside Municipal Code (RMC) while a Tobacco Retail Establishment Permit application is pending.

4. The City of Riverside may enter the property to conduct inspections of the Property during the application process in order to thoroughly investigate whether a tobacco permit should be granted.

5. I have read, understand, and will ensure compliance with the terms in RMC Section 6.24 (Tobacco Retail Establishment Permit) and RMC 1.17.020 (G), as applicable.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Print Name & Title:	Signature of legal owner/owner representative:	Date:
Authorized Representative Business Name:	Authorized Representative Business Address:	Business Telephone:

***This authorization form will not be valid without notarization. The authorization form automatically expires upon sale or transfer of the property to a new legal owner. If sale or transfer of the property occurs prior to the applicant obtaining a tobacco retail establishment permit, the applicant must resubmit this notarized form with approval of the new legal owner of the property.**



RIVERSIDE POLICE DEPARTMENT TOBACCO RETAIL ESTABLISHMENT PERMIT — NOTARY ACKNOWLEDGMENT —

CALIFORNIA ACKNOWLEDGMENT | CIVIL CODE § 1189

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California | County of _____

On, _____ before me, _____,
(Date) (Here Insert Name and Title of the Officer)

personally appeared _____

(Name(s) of Signer(s))

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

PLACE NOTARY SEAL AND/OR STAMP ABOVE

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

(Signature of Notary Public)