



CITY OF CHULA VISTA
CHULA VISTA POLICE DEPARTMENT
POLICE CONTROLLED LICENSE
TOBACCO RETAILER RENEWAL



NAME OF BUSINESS: _____

BUSINESS ADDRESS: _____

BUSINESS PHONE NUMBER: _____

SECTION I: PERSONAL INFORMATION

Applicant's Full Name: _____
Last First Middle

Residence Address: _____
Street City State Zip

Email Address: _____

Home Phone #: _____ Cell Phone #: _____

Social Security #: _____ Driver's License #: _____ Date of Birth: _____

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____ Race: _____ Sex: _____

Permit #: _____ Permit Expiration Date: _____

HAVE YOU BEEN ARRESTED IN THE PAST 12 MONTHS (CIRCLE ONE): YES NO
(If yes, please list on the back side of this application)

The following must be submitted, with this application, to renew your tobacco retailer license:

- **\$322.00 CVPD fee** (checks are made payable to the City of Chula Vista)
- Copy of current City of Chula Vista business license

ALL FEES ARE NON-REFUNDABLE.

I CERTIFY THAT THE INFORMATION PROVIDED ON THIS APPLICATION IS TRUE AND CORRECT.

Signature of Applicant Date

FALSIFICATION OF ANY INFORMATION ON THIS FORM IS GROUNDS FOR DISQUALIFICATION

FOR OFFICIAL USE ONLY

Application Date: _____ ARJIS: _____

Received By: _____ SRFERS: _____

Approved By: _____ Date: _____

Application Completed By: _____ Date: _____