



City of Foster City

ESTERO MUNICIPAL IMPROVEMENT DISTRICT

610 FOSTER CITY BOULEVARD
FOSTER CITY, CA 94404-2222

FOSTER CITY TOBACCO RETAILER PERMIT APPLICATION *Pursuant to Chapter 8.12 of the Foster City Municipal Code*

SERVICE REQUESTED (Mandatory)

- New Business Change of ownership Change of Business Name

Previous Business Name (if applicable): _____

Opening Date: _____

***ATTN: FINAL APPROVAL TO OPEN AND OPERATE MUST BE GRANTED BY THIS DEPARTMENT IN WRITING PRIOR TO OPENING DATE**

APPLICANT INFORMATION (Mandatory)

Applicant Name (Individual or Legal Entity): _____

Authorized Agent (if applicable): _____

Applicant Address: _____

Applicant Phone Number: _____

Applicant Email Address: _____

RETAIL LOCATION INFORMATION (Mandatory)

Business Name: _____

Business Address (Retail Location): _____

Business Phone Number: _____

Type of Retail Location:

- Building Vending Machine

TOBACCO SALES INFORMATION (Mandatory)

Types of Tobacco Products Sold (check all that apply):

- Cigarettes Cigars Electronic Cigarettes Smokeless Tobacco Flavored Shisha Tobacco
 Other (specify): _____

Will any self-service displays be used?

- Yes No

Permit Fee: The application fee is established by the Foster City Council resolution. Payment must accompany this application.

TOBACCO RETAILER PERMIT APPLICATION

Acknowledgment of Compliance

I, the undersigned, hereby certify the following:

1. I understand and will comply with all requirements outlined in Chapter 8.12 of the Foster City Municipal Code.
2. I will not sell tobacco products to any individual under 21 years of age without verifying identification.
3. I will ensure no self-service displays are used except for vending machines in compliance with city regulations.
4. I understand this permit is nontransferable and valid for one year from the date of issuance.
5. I understand that any false information provided herein may result in the immediate suspension or termination of a tobacco retail permit.

Signature of Applicant or Authorized Agent: _____

Date: _____

For City Use Only

- **Application Received By:** _____
- **Date Received:** _____
- **Permit Number:** _____
- **Application Review Outcome:**
 Approved Denied