



**City of Long Beach Department of Health and Human Services
 Bureau of Environmental Health
 TOBACCO RETAIL ENFORCEMENT PROGRAM
 2525 Grand Avenue, Room 220, Long Beach, CA 90815
 Phone: (562) 570-7905 Fax: (562) 570-4038**

SPECIAL EVENT TOBACCO RETAIL PERMIT APPLICATION

***Applications must be received no later than two weeks prior to the start of the event.**

SPECIAL EVENT

Date of Application: _____ Date of Event: _____

Event: _____
 Name of Event

Time: _____ Number of Days: _____

Location of Event: _____

Event Organizer/Promoter: _____ Phone: (____) _____

SPECIAL EVENT TOBACCO RETAILER

Name of Stand/Booth: _____ Location of Stand/Booth: _____

Facility Operator Name: _____ Driver's Lic. #: _____
 Please Print

Mailing Address: _____

Phone: (____) _____ Fax: (____) _____ Email: _____
 Street *City* *State* *Zip*

California State Board Cigarette & Tobacco License # _____

**Effective January 1, 2017, retailing of any electronic smoking vaping device that delivers nicotine or other vaporized liquids will be required to obtain a California State Board Cigarette & Tobacco License*

Please indicate the type of tobacco products/paraphernalia being sold for this event:

- Cigarettes Cigars Little Cigars Smokeless Tobacco Hookah E-Cigarettes/Vapor Products

SPECIAL EVENT TOBACCO RETAIL PERMIT FEES

\$110.00 **Special Event Tobacco Retail Permit**
Permit will be valid for the duration of this event only. Separate permits must be obtained for each booth.

\$51.00 **Late Submittal Penalty**
If less than 7 calendar days prior to event, add per booth.

\$33.00 **Field Licensing Charge**
Field Licensing fee and late submittal will be charged if Special Event Tobacco Retail Permit is not obtained prior to event.

TOTAL AMOUNT: \$ _____

I have read understand the requirements as noted on the TREP Special Event Permit Guidelines. I understand that it is my responsibility to meet all the applicable requirements. Failure to meet these requirements can result in suspension of the permit, a penalty, or an Administrative Hearing.

Signature of Applicant

Date

Office Use Only

APPROVED PERMIT # _____ DATE: _____

DENIED MAILED: _____ APPROVED BY: _____