



### Retail Tobacco Permit Pre-Application, Affidavit and Planning Referral

<b>Date:</b>	<b>Applicant Name:</b>
<b>Facility/Business Name (DBA):</b>	<b>Facility/Business Address and Zip Code:</b>
<b>Applicant's Best Contact Number:</b>	<b>Applicant's Email Address:</b>

**A.** The Applicant is the current San Francisco Department of Public Health (SFDPH) Tobacco Permit Holder:  
 **YES. Go to #B.1.**  **NO. Go to #C.1.**

**B. Request to Amend Current Permit**

**B.1** The current Tobacco Permit Holder will not change ownership as described in B.1 NOTE below:  
 **YES. Go to #B.2.**  **NO. Go to #C.1.**  
 (NOTE: Change of Ownership means: (i) a change of fifty percent (50%) or more of the ownership of the business within a 12-month period or (ii) for a corporation, transfer of twenty-five percent (25%) or more of the stock ownership within a 12-month period.)

**B.2** The current Tobacco Permit Holder only needs to amend one or more of the following below (Check all that apply):  
 a)  Legal Owner Name b)  DBA c)  Increase/Decrease Partners/Officers d)  Increase/Decrease Ownership/ Stock Percentages  
 **YES. Sign below and submit form with tobacco application.**  **NO. Go to #C.1.**  
 (NOTE: Changes in legal owner, including adding or removing partners, business structure, converting from one business type to another type, or changing ownership/stock percentages, requires a new tobacco permit application and the non-refundable processing fee.)

**C. One-Time Permit Exception Qualification**

**C.1** The establishment was acquired by the Applicant through death or divorce of a spouse or domestic partner.  
 **YES. Go and Complete Section D.**  **NO. Go to #C.2.**

**C.2** For A – H, check only one (1) business type:  
 A.  Grocery/Market B.  Liquor Store C.  Tobacco/Vape Shop D.  Bar/Tavern  
 E.  Restaurant F.  Gas/Service Station G.  Gift/Novelty Store H.  Other Type of Establishment  
 **Checked Box A, B, or C; Go to #C.3.**  **Checked Box D, E, F, G, or H; Go and Complete Section E.**

**C.3** The current Permit Holder owned and operated the establishment and maintained a valid SFDPH tobacco permit on January 18, 2015:  
 **YES, Permit Holder is the <sup>1</sup>Original Owner. Go to #C.4.**  **NO. Go to #C.6.**

**C.4** The <sup>1</sup>Original Owner(s) operated the establishment continuously between January 18, 2010 and January 18, 2015.  
 **YES. Go to #C.5.**  **NO. Go and Complete Section E.**

**C.5** The <sup>1</sup>Original Owner(s) maintained a valid SFDPH tobacco permit for five (5) or more years preceding the application submittal date.  
 **YES. Sign below. Go and Complete Section D.**  **NO. Go and Complete Section E.**

**C.6** I am/We are the <sup>2</sup>New Owner(s) who purchased the establishment from the Original Owner and I/we operated the establishment continuously for 10 years and maintained a valid SFDPH tobacco permit during those same 10 years:  
 **YES. Sign below. Go and Complete Section D.**  **NO. Go to #C.7.**

**C.7** I am/We are the <sup>3</sup>Subsequent Buyer who purchased the establishment from the New Owner who continuously operated and maintained a valid SFDPH tobacco permit for 10 or more years. Furthermore, I/we understand and acknowledge that I'm/we're the last SFDPH Tobacco Permit Holder that qualifies for an exception under §19H.6. Future SFDPH tobacco permits may only be issued under strict density requirements established under §§19H.4, 19H.5, and 19H.6(g).  
 **YES. Sign Below. Go and Complete Section D.**  **NO. Go and Complete Section E.**

**\*\* SIGNATURE(S) OF ALL OWNER(S)/OFFICER(S) REQUIRED \*\***  
*All partners in reported partnership must sign. All authorized officer(s) in reported corporation must sign. Attach additional sheets if necessary.*

I/We declare under penalty of perjury that the information provided on this pre-application is true and correct. Furthermore, I/we hereby agree to provide and submit additional documentation and/or non-refundable processing fee(s) as required by the San Francisco Department of Public Health. Finally, I/we acknowledge that SFDPH staff will verify the information provided during this application process. If SFDPH staff discovers false or misleading information, I/we understand that the tobacco permit may be denied or revoked by SFDPH.

<b>X</b>	<b>X</b>
<b>X</b>	<b>X</b>

<sup>1</sup>**Original Owner** is an individual or entity who owns the establishment and is the holder of the SFDPH tobacco permit on January 18, 2015.  
<sup>2</sup>**New Owner** is an individual or entity who is purchasing or acquiring the establishment from the Original Owner and is seeking to obtain a tobacco permit to continue the sales of tobacco at the location for a minimum of 10 or more years.  
<sup>3</sup>**Subsequent Buyer** is an individual or entity who is purchasing or acquiring the establishment from the New Owner. Applicants purchasing the establishment from the Subsequent Buyer may not qualify for a 19H.6 exception.

<b>D. One-Time Permit Exception Affidavit</b> <i>(Must select only one exception and submit legal documentation as a required by 19H.4(a)(3))</i>	
D.1	<b>Legacy Transfer:</b> Buyer in negotiation to purchase the store from the retail Tobacco Permit Holder meeting an exception under §§ 19H.6(a), (b), (e), or (f): <input type="checkbox"/> I am the Buyer <input type="checkbox"/> I am the current owner and retail Tobacco Permit Holder (Seller)
D.2	<b>Qualified Relative (check one box):</b> <input type="checkbox"/> I am the current retail Tobacco Permit Holder attesting that my qualified relative is applying for an exception under § 19H.6(c). <input type="checkbox"/> I am a qualified relative applying for an exception under § 19H.6(c)
D.3	<b>Death/Divorces:</b> <input type="checkbox"/> I am acquiring the ownership of the Business at the Business Address above through the death of or divorce of my spouse or domestic partner who was also the retail Tobacco Permit Holder under § 19H6(g).
D.4	<b>Relocating Store:</b> <input type="checkbox"/> I am applying for an exception under § 19H6(d) because I must relocate under Chapter 34B of the Building Code.
<b>** SIGNATURE(S) OF ALL OWNER(S)/OFFICER(S) REQUIRED **</b> <i>All partners in reported partnership must sign. All authorized officer(s) in reported corporation must sign. Attach additional sheets if necessary.</i>	
I/We declare under penalty of perjury that the information provided for the affidavit is true and correct. Furthermore, I/we hereby agree to provide and submit additional legal documentation for proof of the exception qualification as required by the San Francisco Department of Public Health. I/We understand that if SFDPH determines that I/we do not qualify for any 19H.6 exception, that within 7 business days of notification, I/we must complete the SF Planning Department Zoning Referral with the non-refundable Zoning processing fee. Otherwise, the tobacco application maybe denied on the basis of being abandoned by the Applicant.	
x	x
x	x

<b>E. San Francisco Planning Department Zoning Referral</b> <b>** SIGNATURE(S) OF ALL OWNER(S)/OFFICER(S) REQUIRED **</b> <i>All partners in reported partnership must sign. All authorized officer(s) in reported corporation must sign. Attach additional sheets if necessary.</i>	
All Owner(s)/Officer(s) must acknowledge the following conditions:	
1. <input type="checkbox"/> I understand that no permit shall be issued in a Supervisorial District with more than 45 tobacco permits. 2. <input type="checkbox"/> I understand that no permit will be issued to any establishment within 500 feet of (i) a school or (ii) another permitted tobacco retailer. 3. <input type="checkbox"/> I understand that no permit shall be issued in a site not previously occupied by a business that held a valid SFDPH tobacco permit. 4. <input type="checkbox"/> I understand that no permit shall be issued to a tobacco shop or any business whose main purpose is offering food or alcoholic beverages with on-site consumption, including but not limited to, Restaurants or Bars. 5. <input type="checkbox"/> I understand that if any of the above conditions are checked, I am not guaranteed to obtain a tobacco permit. 6. <input type="checkbox"/> I understand that I may not sell any tobacco products, including but not limited to, cigarettes, electronic smoking devices, nicotine-containing products, and/or e-juices without first obtaining a valid SFDPH retail tobacco permit. 7. <input type="checkbox"/> I understand that selling tobacco products without a valid SFDPH permit may result in the denial of a SFDPH tobacco permit. 8. <input type="checkbox"/> I understand that I must pay the non-refundable Zoning processing fee if I wish to continue with the tobacco application process.	
x	x
x	x

<b>FOR PLANNING DEPARTMENT USE ONLY</b>	
<b>Block/Lot:</b> _____	
<b>Tobacco Permit Density Requirements:</b>	
1. Establishment is located within 500 feet of a school:	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Map
2. Establishment is located within 500 feet of a retailer with a valid tobacco permit:	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Map
3. Existing establishment permitted to operate as noted in Section C.2, Business Type:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Planner Name & Signature: _____	Contact Number: _____ Date: _____

<b>FOR DEPARTMENT OF HEALTH USE ONLY</b>	
Date of Zoning Referral: _____	DPH Receipt for Zoning Processing Fee: _____
Supervisor District: _____	Number of tobacco permits in district: _____
SFDPH – EH Staff: _____	Contact Number: _____
Based on Planning referral and number of permits, tobacco products sales at business: <input type="checkbox"/> <b>APPROVE</b> <input type="checkbox"/> <b>DISAPPROVE</b>	