



### Retail Tobacco Permit Application Review and Checklist Summary Page

SF Department of Public Health Office Use Only			
<b>Submittal Date:</b>	<b>Initial Review:</b>	<b>Final Review:</b>	<b>Reviewer:</b>
<b>Zoning Referral:</b> <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Sent:	<b>Received Zoning Referral:</b>	
<b>Incomplete Application Checklist:</b> <input type="checkbox"/> N/A	Sent:	<b>Received Updated Application:</b>	
<b>Sent:</b> <input type="checkbox"/> Permit and Authorization to SFTTX	<input type="checkbox"/> Future Restriction Letter	<input type="checkbox"/> Denial Letter	
<b>Facility/DBA, Address &amp; Zip:</b>			<b>Phone:</b>
<b>Legal Owner/Permit Holder Name:</b>			
<b>Legal Owner Mailing Address (Address, City, State, Zip):</b>			
<b>Legal Owner Phone:</b>		<b>Legal Owner Email:</b>	
<b>Responsible Person (Name, Phone, Email):</b>			
<b>BAN #:</b>	<b>PERMIT #: T-</b>	<b>CDTFA #:</b>	<b>EHD ID #:</b>
<b>Type of Establishment:</b>	<input type="checkbox"/> Market/Grocery	<input type="checkbox"/> Bar/Tavern	<input type="checkbox"/> Gas/Service Station
	<input type="checkbox"/> Liquor Store	<input type="checkbox"/> Restaurant	<input type="checkbox"/> Gift/Novelty
	<input type="checkbox"/> Tobacco/Vape	<input type="checkbox"/> Other Food Establishment	<input type="checkbox"/> Smokers' Lounge
<b>Supervisor District #:</b>	<b>Number of Tobacco Permits:</b>	as of	
<b>Owner on 01/18/2015:</b>			
<b>Applicant Qualifies as:</b>	<input type="checkbox"/> Original Owner	<input type="checkbox"/> New Owner A	<input type="checkbox"/> Subsequent Buyer B <input type="checkbox"/> Change of Ownership
<b>Rationale to Issue Permit:</b>	<input type="checkbox"/> Name Change <i>(Note: DBA or Legal Owner)</i>	<input type="checkbox"/> Legacy Transfer	
	<input type="checkbox"/> +/- Partner(s) or Officer(s)	<input type="checkbox"/> Qualified Relative <i>(Note: A Child of Permit Holder)</i>	
	<input type="checkbox"/> Death/Divorce	<input type="checkbox"/> Meets All Density Criteria	
	<input type="checkbox"/> Relocation due to seismic upgrade	<input type="checkbox"/> Other:	
<b>Permit Type:</b>	<input type="checkbox"/> <b>AMENDED</b> <i>(Note: Use Original Permit Date)</i>	<input type="checkbox"/> <b>NEW</b>	

PLEASE STAPLE SFDPH TOBACCO PERMIT DUPLICATE ANYWHERE ON PAGE

Cc: Department of Public Health – Community Health Equity and Promotion Branch – Tobacco Free Project and Deemed-Approved Off-Sale Alcohol Program  
 Department of Public Health – Environmental Health Branch - Food Safety Program and Weights and Measures Program

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## Retail Tobacco Permit Application Review and Checklist

### INSTRUCTIONS

<b>STEP 1</b>	<p><b><u>Complete Application Submission.</u></b> The Applicant must submit a complete application with original wet signature(s), required documentation, and the non-refundable processing fee(s). San Francisco Department of Public Health (SFDPH) will <u>not</u> begin the review process or approve the application for any of the following:</p> <ul style="list-style-type: none"> <li>• Legal Owner and Establishment name are not the same on <u>all</u> state and local permits and licenses</li> <li>• Faxed applications</li> <li>• Incomplete or inaccurate application, including but not limited to:             <ul style="list-style-type: none"> <li>○ Application missing wet signatures</li> <li>○ Application missing required non-refundable processing fees</li> <li>○ Application missing California Cigarette and Tobacco Products License Number</li> <li>○ Legal Owner has not acquired a business account with the San Francisco Office of the Treasurer and Tax Collector (SFTTX)</li> </ul> </li> </ul>
<b>STEP 2</b>	<p><b><u>SFDPH Application Review.</u></b> SFDPH staff will only begin the application review after receiving a complete application with original wet signatures and the non-refundable application processing fee(s).</p> <p>For incomplete application, SFDPH will submit a copy of the checklist detailing the missing information with a submittal deadline. Additionally, SFDPH may schedule an application review meeting with the Applicant, Responsible Party, or authorized agent in order to obtain any missing documents. Failure to submit requested missing documents by the submittal deadline may result in the denial of a tobacco permit. SFDPH may also conduct a field visit in order to confirm the establishment type or operations. Applicants providing false information or misrepresentation may result in the denial of the tobacco permit.</p> <p>Upon completion of the application review process, SFDPH will take one of the following actions:</p> <ol style="list-style-type: none"> <li>1. Submit to the Applicant a tobacco permit denial letter; <u>OR</u></li> <li>2. Submit the tobacco permit and authorization to bill the Legal Owner for the tobacco H-31 license to SFTTX.</li> </ol>
<b>STEP 3</b>	<p><b><u>Pay SFTTX for the H-31 License Fee.</u></b> If an authorization notice is submitted to SFTTX, SFTTX will mail a bill to the Legal Owner within 2 weeks for the H-31 license fee. The Applicant must pay the H-31 license to SFTTX within 30 days.</p>
<b>STEP 4</b>	<p><b><u>Issuance of SFDPH Permit to Operate Retail Tobacco.</u></b> After SFTTX receives payment for the H-31 license, the tobacco letter and permit will be mailed to the Legal Owner.</p>

No one is allowed to sell tobacco products, including, but not limited to cigarettes, smokeless tobacco, electronic cigarette devices (including vaping liquids or solids and all the parts, components, and accessories of the device), hookah tobacco, pipe tobacco, cigars, cigarillos, and any nicotine or tobacco containing products without a valid SFDPH tobacco permit and H-31 license. (Pursuant to Sections 19H.3, 19H.4(d), 19H.7, and 19N.3).  
*Failure to comply with the health code may result in a denial of your tobacco application (Pursuant to Sections 19H.4 (f)(1)).*

### REVIEW CHECKLIST

- |    | Yes                      | No                       | N/A                      | <b><u>Amended Permit Verification</u></b>   |
|----|--------------------------|--------------------------|--------------------------|---|
| 1. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Excluding <u>Ownership Change</u> , the Applicant needs to only change: <input type="checkbox"/> Facility Name<br><input type="checkbox"/> Legal Owner Name <input type="checkbox"/> Increase/Decrease Partners or % Ownership (including through death or divorce) |

When acquiring Ownership through death or divorce, mark "N/A" for #2 and proceed to #3 below. For all other Applicants, when #1 is marked "YES", mark "N/A" for #2 - #5 below and proceed to #6. If #1 is marked "NO", proceed to #2 below.

- |    | Yes                      | No                       | N/A                      | <b><u>One-Time Exception Qualification Verification</u></b>  |
|----|--------------------------|--------------------------|--------------------------|--|
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Business Type: <input type="checkbox"/> General or Specialty Groceries <input type="checkbox"/> Tobacco Shop <input type="checkbox"/> Bar/Tavern (under 1009.23(d))  |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Applicant Qualifies as: <input type="checkbox"/> Original Owner <input type="checkbox"/> New Owner A <input type="checkbox"/> Subsequent Buyer B   |
| 4. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Original Owner Was Continuously in Business at Facility Address Between January 18, 2010 and January 18, 2015  |
| 5. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | A valid SFDPH tobacco permit was held for the following required years preceding the Application Date:<br><input type="checkbox"/> 5 or more consecutive years for the Original Owner<br><input type="checkbox"/> 10 or more consecutive years for the New Owner A |

If "NO" to any #2 - #5 statements above, **STOP!** This application does not qualify for a 19H.6 exception. Mark "YES" on #26 and "NO" on #32. The Applicant must submit a complete Retail Tobacco Permit Planning Referral Form with the non-refundable Zoning processing fee.

- |    | Yes                      | No                       | N/A                      | <b><u>California State (CA) Labor and Tobacco Licensing Requirements</u></b>  |
|----|--------------------------|--------------------------|--------------------------|---|
| 6. | <input type="checkbox"/> | <input type="checkbox"/> |                          | Declaration of Healthy and Safe Working Conditions Form Submitted<br><i>(NOTE: Form must be complete, dated, and signed by an authorized agent)</i>   |
| 7. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | California Cigarette and Tobacco Products Retailer License Submitted or 91-##### Provided<br><i>(NOTE: The California tobacco license name and dba must be the same as San Francisco's legal owner name and dba on Business Registration and SFDPH Tobacco Application)</i> |

- |      | Yes                      | No                       | N/A                      | <b><u>Retail Tobacco Permit Pre-Application, Affidavit and Planning Referral</u></b>  |
|------|--------------------------|--------------------------|--------------------------|---|
| 8.   | <input type="checkbox"/> | <input type="checkbox"/> |                          | Pre-application/Affidavit Submitted   |
| 9.   | <input type="checkbox"/> | <input type="checkbox"/> |                          | The Applicant completed date, name, facility name and location, best contact number, and Section A  |
| 10.  | <input type="checkbox"/> | <input type="checkbox"/> |                          | The Applicant is Amending the Current Permit<br><i>(NOTE: Section B.2 must be "YES" and all owner(s) or officer(s) must sign bottom of Page 1.)</i>                                 |
| 11.  | <input type="checkbox"/> | <input type="checkbox"/> |                          | The Applicant qualifies for One-Time Permit Exception<br><i>(NOTE: Section C.1, C.5, C.6, or C.7 must be "YES". If "NO", skip and complete Section E Items #13 - #15 below.)</i>    |
| 12.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | The following documentation provides proof of one-time exception:<br><i>(NOTE: If #11 above is "YES", the Applicant may qualify for only 1 exception per application.)</i>          |
| 12a. | <input type="checkbox"/> | <input type="checkbox"/> |                          | <u>Section D.1 - Legacy Transfer under Sections 19H.6(a), (b), (e), or (f)</u><br><i>(NOTE: A Lease agreement does not qualify as proof of purchase from current permit holder)</i> |
| 12b. | <input type="checkbox"/> | <input type="checkbox"/> |                          | <u>Section D.2 - Qualified Relative under Section 19H.6(c):</u><br><i>(NOTE: Qualified relative is one child of the Original Owner)</i>   |
| 12c. | <input type="checkbox"/> | <input type="checkbox"/> |                          | <u>Section D.3 - Death or Divorce under Section 19H.6(g)</u>  |
| 12d. | <input type="checkbox"/> | <input type="checkbox"/> |                          | <u>Section D.4 - Store Relocation due to seismic upgrades under Section 19H.6(d)</u><br><i>(NOTE: Applicant must provide documentation from Department of Building Inspection.)</i> |
|      |                          |                          |                          | <u>Section E - San Francisco Planning Department Zoning Referral Section</u>  |
| 13.  | <input type="checkbox"/> | <input type="checkbox"/> |                          | Planning Referral Required  |
| 14.  | <input type="checkbox"/> | <input type="checkbox"/> |                          | If Item #13 is "YES", Applicant Submitted Processing Fees; Checked Items 1 – 8; and all Owner(s) or Officer(s) Signed Section E   |

- |     | Yes                      | No                       | N/A | <b><u>Application for the Sale of Tobacco Products and/or E-Cigarettes</u></b>   |
|-----|--------------------------|--------------------------|-----|--|
| 15. | <input type="checkbox"/> | <input type="checkbox"/> |     | Completed Application Date and First Date of Tobacco Product Sales<br><i>(NOTE: Application date is the date a complete application and processing fee submitted to EH. First date of sales is the first day that Applicant has been selling tobacco products – default date is the Application Date.)</i> |
| 16. | <input type="checkbox"/> | <input type="checkbox"/> |     | Applicant provided completed Legal Owner Information Section   |
| 17. | <input type="checkbox"/> | <input type="checkbox"/> |     | Legal Owner is the same name or entity on California tobacco license and SFTTX Business Account  |
| 18. | <input type="checkbox"/> | <input type="checkbox"/> |     | Applicant Provides Names of All Owner(s) or Officer(s) and ownership percentages adding up to 100%   |
| 19. | <input type="checkbox"/> | <input type="checkbox"/> |     | Facility DBA and location is the same on California tobacco license and SFTTX Business Account   |
| 20. | <input type="checkbox"/> | <input type="checkbox"/> |     | Applicant provided an alternate contact person, phone number, and email<br><i>(NOTE: Completed responsible or alternate contact satisfies this requirement.)</i>   |
| 21. | <input type="checkbox"/> | <input type="checkbox"/> |     | Complete Tobacco Application with Original Wet Signatures of all Owner(s) or Officer(s)<br><i>(NOTE: If "NO", please review COMMENTS on page 3)</i>  |

- |     | Yes                      | No                       | N/A                      | <b><u>Health Code Compliance Verification</u></b>   |
|-----|--------------------------|--------------------------|--------------------------|---|
| 22. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | SFDPH staff conducted on-site inspection to confirm application information   |
| 23. | <input type="checkbox"/> | <input type="checkbox"/> |                          | Legal Owner has no outstanding SFTTX licensing fees   |
| 24. | <input type="checkbox"/> | <input type="checkbox"/> |                          | Legal Owner is in compliance with California and San Francisco smoking and vaping clean air laws<br><i>(NOTE: Smoking prohibition laws codified in California Labor Code Section 6404.5 and SFHC Article 19F)</i>   |
|     |                          |                          |                          | <b><u>New Tobacco Permits</u></b> <i>(NOTE: This section is not required if Applicant qualifies for any 19H.6 exception)</i>  |
| 25. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Legal Owner <u>doesn't</u> operate any of the following business type at the facility location:<br>Tobacco Shop or any business that offers or sales food or alcoholic beverages for on-site consumption<br><i>(NOTE: A new tobacco permit may not be issued to any of the above 4 business types pursuant to §§ 19H.4(f)(6) and (7))</i> |
| 26. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Total Valid Tobacco Permits in Supervisor District is under 45<br><i>(NOTE: No new tobacco permit may be issued in any district with more than 45 tobacco permits pursuant to § 19H.4(f)(5))</i>  |
| 27. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | A Valid SFDPH Tobacco Permit Was Previously Issued at Facility Location<br><i>(NOTE: SFDPH Tobacco Permits are prohibited at new locations pursuant to § 19H.4(f)(8))</i>   |

NOT APPLICABLE

COMMENTS for the INCOMPLETE APPLICATION

*(Note: Please review **COMMENTS** below and follow additional instructions. Required documents must be submitted by Due Date; otherwise, application may be denied. Once denied, for subsequent consideration, Applicant will be required to submit a new application with required processing fee(s).)*

Item #	Description

**Documentation Submittal Due Date:** \_\_\_\_\_

If you have additional questions or concerns, please contact the Reviewer at the number provided below.

Sincerely,

SFDPH Staff Name, Certification (Optional)

Title

Direct:

Fax:

Retail Tobacco Permit Application Reviewer

SFDPH – Population Health Division – Environmental Health Branch

## DEFINITIONS

<b>Applicant</b> is the person applying for a tobacco permit on behalf of an individual or entity
<b>Bar/Tavern</b> means an area, whether a separate, stand-alone business or part of a larger business which is devoted to the serving of alcoholic beverages for consumption by patrons on the premises and in which the serving of food is incidental to the consumption of such beverages.
<b>Change of ownership</b> is the same as <b>Ownership Change</b> and means a change of 50 percent or more of the ownership of the business within a 12-month period; provided, however, that if the Permittee is a corporation, transfer of 25 percent of the stock ownership of the permittee shall be deemed to be a Change of Ownership.
<b>DBA</b> represents that the name under which an owner is conducting business and is on the face of the tobacco permit.
<b>Density Cap</b> has the same meaning as Cap. <b>Cap</b> means the figure set forth in Section 19H.5 and represents the total number of permitted establishments with tobacco products that may operate in each supervisorial district.
<b>Establishment</b> means any store, stand, booth, concession or any other enterprise that engages in the retail sale of Tobacco Products, including stores engaging in the retail sale of food items. Examples include any retail establishment, office, business, store, factory, warehouse, storage facility or other place operated as a commercial venture. The term includes any place where services are provided or goods are manufactured, distributed, processed, assembled, sold or displayed for sale on a wholesale or retail basis, whether owner operated, operated with employees or operated with volunteers. This includes, but is not limited to grocery, specialty, department and other stores which sell goods or merchandise, service stations, and other establishments offering services to the general public.
<b>Legal Business Structure</b> is a business structure allowed by state statute, including, but not limited to, sole proprietor, partnership, cooperative association, and corporation. Legal and tax considerations enter into selecting a business structure.
<b>Legal Owner</b> means any individual, sole proprietor, partnership, cooperative association, private corporation, personal representative, receiver, trustee, assignee, or any other legal entity.
<b>New Owner A</b> is an individual or entity who is purchasing or acquiring the establishment from the Original Owner and is seeking to obtain a permit to continue the sales of tobacco at that location.
<b>New Tobacco Sales Permit</b> is a permit issued after a change of ownership.
<b>Original Owner</b> is the Permittee on January 18, 2015.
<b>Permit Holder</b> has the same meaning as Permittee. The <b>Permittee</b> is a person who has obtained the tobacco sales permit for a specific location pursuant to SFHC 19H.
<b>Responsible Party</b> may include the Legal Owner, Applicant, authorized agent, manager, or any person having control over the Establishment or who creates, allows, or contributes to or fails to correct a condition that constitutes a violation of federal, state, or local laws or codes.
<b>Restaurant</b> means a business that primarily stores, packages, serves, vends, or otherwise prepares food for human consumption on the premises. <b>Restaurant</b> includes, but is not limited to businesses primarily engaged in providing (1) food services to patrons who order and are served while seated on the premises, and pay after eating, and (2) food services where patrons generally order and pay before eating on the premises.
<b>A General or Specialty Grocery</b> , as defined in SF Planning Code Section 790.102, offers a diverse variety of unrelated, non-complementary food and non-food commodities, such as beverages, dairy, dry goods, fresh produce and other perishable items, frozen foods, household products, and paper goods; may provide beer, wine, and/or liquor sales for consumption off the premises; Prepares minor amounts or no food on-site for immediate consumption; and markets the majority of its merchandise at retail prices.
<b>School</b> is a public or private kindergarten, elementary, middle, junior high, or high school, or a school combining some or all of the above school grades.
<b>Subsequent Buyer B</b> is an individual or entity who is purchasing or acquiring the establishment from the New Owner A. The Subsequent Buyer B may obtain a tobacco permit if all conditions are met in accordance with 19H and its rules and regulations including but not limited to, the New Owner A maintaining a valid tobacco permit for 10 years.
<b>Trade Name</b> (also doing business or DBA) also means the name of the Establishment and must be the same for all state and local business registrations, permits, and licenses.
In accordance with SF Planning Department, <b>Tobacco Paraphernalia Establishment</b> is any retail use where either (1) more than 10% of the occupied floor area or (2) more than 10 linear feet of display area projected to the floor, is dedicated to the distribution or marketing of devices or instruments for the smoking, ingesting or inhaling of tobacco, products prepared from tobacco, or controlled substances.
<b>Tobacco Product</b> means (1) any product containing, made, or derived from tobacco or nicotine that is intended for human consumption, whether smoked, heated, chewed, absorbed, dissolved, inhaled, snorted, or sniffed, or ingested by any other means, including, but not limited to, cigarettes, cigars, little cigars, chewing tobacco, dipping tobacco, pipe tobacco, bidis or snuff; (2) any device or component, part, or accessory that delivers nicotine alone or combined with other substances to the person using the device including but not limited to electronic cigarettes, cigars, or pipes, whether or not the device or component is sold separately. "Tobacco Product" does not include any product that has been approved by the United States Food and Drug Administration for use as a tobacco cessation product where such product is marketed and sold solely for such an approved purpose.
<b>Tobacco Retailer</b> is any establishment that obtains and maintains a valid tobacco permit. In accordance with SFHC 19H, the tobacco retailer does not have any status or right other than the right to sell tobacco products at the location identified on the face of the permit. Nor does obtaining a tobacco permit in and of itself transform a business into a retail or wholesale tobacco shop within the definition of California Labor Code Section 6404.5.
<b>Tobacco Shop</b> means any tobacco retailer whose principal business is selling Tobacco Products, tobacco paraphernalia, or both, as evidenced by any of the following: 50% or more of floor area and display area is devoted to the sale or exchange of Tobacco Products, tobacco paraphernalia, or both; 70% or more of gross sales receipts are derived from the sale or exchange of Tobacco Products, tobacco paraphernalia, or both; or 50% or more of completed sales transactions include a Tobacco Product or tobacco paraphernalia. At the Director's discretion, retailers whose principal business is selling pipes only shall generally <b>not</b> be considered to meet the definition of a Tobacco Shop and shall generally <b>not</b> be required to obtain a tobacco sales permit.
<b>Valid Tobacco Permit</b> is a permit that is not delinquent and has not been inactive for more than 180 days that was issued by SFDPH to an individual or entity for the sales of tobacco products in San Francisco.

