



City and County of San Francisco
 Department of Public Health Population Health Division
 Environmental Health Branch
 49 South Van Ness Ave. Suite 600 San Francisco, CA 94103
 (415) 252-3800
<https://www.sfdph.org/dph/EH/Tobacco/default.asp>



Application for the Sale of Tobacco Products

Application Date:		First Date of Tobacco Sales:	
Business Information		Official correspondence from SFDPH will be sent to the mailing address on record with the San Francisco Office of the Treasurer and Tax Collector (SFTTX)	
Business Name (DBA):		San Francisco Business Account # (BAN):	
Business Address including zip code:		CDTFA Cigarette Retailer License #:	
Establishment Type: a) <input type="checkbox"/> Grocery/Market b) <input type="checkbox"/> Liquor Store c) <input type="checkbox"/> Tobacco/Vape Shop d) <input type="checkbox"/> Gas/Service Station e) <input type="checkbox"/> Restaurant/Bar f) <input type="checkbox"/> Gift/Novelty Store g) <input type="checkbox"/> Other _____			
Legal Owner Information		Legal Owner Structure: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other _____	
Legal Owner Name:		Legal Owner Email Address:	
Legal Owner Address including zip code:		Legal Owner Phone Number:	
List all Owners or Principal Officers and Ownership Percentages: (Print Name(s)) Attach additional sheets if necessary			
	%		%
	%		%
Main Contact's Name:		<input type="checkbox"/> Same as Legal Owner <input type="checkbox"/> Manager <input type="checkbox"/> Legal Agent <input type="checkbox"/> Other _____	
Main Contact's Email:		Main Contact's Phone Number:	
Incomplete applications cannot be processed and will be returned to the Applicant. The application will be deemed abandoned if the Applicant fails to submit a complete and accurate application with all required documentation within 30 days from the date the application is returned to the Applicant. After 30 days, the Applicant will be required to submit a new application and non-refundable processing fee.			
Signature of Applicant(s): All Owners and Corporate Officers must sign. Attach additional sheets if necessary. I/We declare under penalty of perjury the information on this application and in other materials submitted in support of this application are true and correct. I/We hereby consent to all necessary inspections made pursuant to the SF Health Code and incidental to the issuance of any exception, permit, and operation of this business. I/We understand that once submitted, the application processing fee is nonrefundable. I/We acknowledge that I am/we are responsible for complying with all local, state, and federal laws, codes, and rules and regulations relating to tobacco products, tobacco control, and the prohibition of smoking in enclosed establishments and certain unenclosed areas. If SFDPH staff discovers false or misleading information, I/we understand that the tobacco permit may be denied or revoked by SFDPH. I/We may not sell any tobacco products, including but not limited to, cigarettes, electronic nicotine delivery systems, and nicotine-containing products without first obtaining a valid SFDPH Tobacco Sales Permit. I/We understand selling tobacco products without a valid SFDPH permit may result in the denial of a SFDPH Tobacco Sales Permit.			
X _____	Date:	X _____	Date:
X _____	Date:	X _____	Date:

Instructions for the Application for the Sale of Tobacco Products

Application Date: The date the legal owner submits the application.

First Date of Tobacco Sales: The date the legal owner intends to begin selling tobacco products. If tobacco sales have occurred prior to the submittal of the application, put the date of the first tobacco sale. If the applicant is only amending the permit, you may leave this blank.

Legal Owner Information

Legal Owner Structure: If the legal owner structure is not a sole proprietorship (one person owned), the ownership percentages must be disclosed. Legal documentation providing the ownership percentages and signatures of all owners must be submitted with this application. An application will be considered incomplete if this legal documentation is not submitted.

Legal Owner Name: The legal owner is the applicant and the entity that the Permit to Operate will be issued to. The legal owner name must be the same name used with the San Francisco Office of the Treasurer and Tax Collector (**SFTTX**) and the California Department of Tax and Fee Administration (**CDTFA**).

Legal Owner Email, Address, and Phone Number: Official correspondence from SFDPH will be sent through these points of contact.

List all Owners or Principal Officers and Ownership Percentages: The owners/principal officers must match the corporate records filed with the California Secretary of State.

Business Information

Business Name (DBA): The name of the establishment where tobacco sales will take place. The business name must be the same with SFTTX and CDTFA.

Business Address: The address of the establishment where tobacco sales will take place. This address must be the same with SFTTX and CDTFA.

CDTFA Cigarette Retailer License #: To sell tobacco products in the City and County of San Francisco, an establishment must have both a Cigarette Retailer License from the CDTFA and a Permit to Operate a Tobacco Sales Establishment from SFDPH. SFDPH will not issue a Permit to Operate without a valid CDTFA Cigarette Retailer License. **This is not the same as the Seller's Permit from the CDTFA.**

San Francisco Business Account # (BAN): Your account with SFTTX. Once your tobacco permit is approved, SFTTX will bill you through this account to pay for the H31 Tobacco License. The annual H31 Tobacco License validates your SFDPH Tobacco permit.

Establishment Type: Based on the San Francisco Zoning Code, provide the business establishment primary business type and operation.

Main Contact's Name: The primary point of contact between SFDPH and the business.

Relation to Legal Owner: Title of Responsible Person in relation to the Legal Owner.

Main Contact's Email and Phone Number: Official correspondence from SFDPH will be sent through these points of contact.

Signature of Applicant(s): The application will be signed by all Legal Owners and/or Principal Officers under penalty of perjury that the information provided is complete, true, accurate and correct.

For Department of Public Health Office Use Only

Final Review	Required Items Submitted with Application:
<input type="checkbox"/>	Non-refundable Processing Fee
<input type="checkbox"/>	Declaration of Healthy and Safe Working Conditions
<input type="checkbox"/>	Proof of Partnership or Incorporation (if applicable)
<input type="checkbox"/>	Retail Tobacco Permit Affidavit (if applicable)
<input type="checkbox"/>	19H.6 Exception Documentation (if applicable)

Information from CDTFA and SFTTX match what is on this application? <input type="checkbox"/> Yes <input type="checkbox"/> No	Filing Fee Amount: \$	Payment Date: / /	Receipt Number:
Applicant Qualifies as:	Owner Type: <input type="checkbox"/> Original Owner <input type="checkbox"/> Subsequent Buyer <input type="checkbox"/> New Owner <input type="checkbox"/> Owner under Density	Permit Type:	<input type="checkbox"/> Amended Permit <input type="checkbox"/> New Permit

To the Director of Public Health, after reviewing this application on / /

I **recommend** the issuance of a Permit to Operate. I **disapprove** the issuance of a Permit to Operate
(Note: See attached review and/or letter).

Inspector	Principal Inspector
Location ID:	Permit #: T- Type of Permit/Classification:



Declaration of Healthy and Safe Working Conditions
Declaración de Condiciones de Trabajo Sanas Y Seguras
健康及安全工作條件聲明
Deklarasyon ng Mabuti at Ligtas na Kondisyon sa Trabaho

The Department of Public Health is responsible for ensuring healthy and safe conditions for those working and living in San Francisco. Establishments permitted by the Department must remain compliant with all laws.

El Departamento de Salud es responsable de asegurar condiciones saludables y seguras para las personas que trabajan y viven en San Francisco. Establecimientos permitidos por el Departamento deben cumplir con todas las leyes.

衛生署是負責確保於三藩市工作及居住的人士有一健康和安全的環境。從衛生署取得許可營運的設施/場所必須保持遵守所有法律。

Ang Kagawaran ng Pamublikong Kalusugan ay may pananagutan para sa pagtiyak ng mabuti at ligtas na mga kondisyon para sa mga nagtatrabaho at naninirahan sa San Francisco. Ang mga establisyemento na pinahihintulutan ng Kagawaran ay dapat manatiling sumusunod sa lahat ng mga batas.

Owner/Operator:	
DBA/Name of Business:	
Business Address:	San Francisco, CA 941

翻譯及你的簽署聲明在本頁後面。

¡Ojo! La traducción y firma de su declaración se encuentra en la parte posterior de esta página.

Ang pagsasalin at paglagda ng iyong deklarasyon ay nasa likod ng pahinang ito.

1.	I understand that this business must comply with all local, state, and federal labor laws in order to obtain and maintain a valid Permit To Operate from the Department. I affirm that as an operator of the above business, I am aware of and agree to comply with the following laws when applicable to my business:	
	<ul style="list-style-type: none"> • San Francisco Labor Codes <input type="radio"/> Yes <input type="radio"/> No • California Labor Code Division 4—Have and maintain Workers Compensation Insurance or be self-insured) <input type="radio"/> Yes <input type="radio"/> No • California Labor Code Division 2—Employment Regulation and Supervision <input type="radio"/> Yes <input type="radio"/> No • California Labor Code Division 5—Occupational Health and Safety <input type="radio"/> Yes <input type="radio"/> No • All other federal, state, and local labor codes <input type="radio"/> Yes <input type="radio"/> No 	
2.	I will request my provider of Workers Compensation Insurance to designate as a “Certificate Holder” the SF Environmental Health Branch at 49 South Van Ness Ave, #600, San Francisco, CA 94103.	<input type="radio"/> Yes <input type="radio"/> No

I am the owner or authorized agent of the owner of this business. I declare under penalty of perjury that the information on this Declaration of Healthy and Safe Working Conditions is true and correct.

Print Name	Signature	Date
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I acknowledge that failure to comply with all applicable federal, state, and local labor laws may result in suspension or revocation of my Permit To Operate issued by the San Francisco Department of Public Health or a referral to the applicable federal, state, or local agency for enforcement.

Print Name	Signature	Date
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1. 為了獲得與保持公共衛生署發出的有效營運許可証，我明白此設施/場所必須遵守全部本地、州、和聯邦政府的勞工法例。我申明作為上述設施/場所的營運商，我了解並同意遵守以下的法例：

- 三藩市勞工法 會 不會
- 加州勞工法第4部分 - 具備維護工人賠償保險或自我保險 會 不會
- 加州勞工法第2部分 - 就業監管與監督 會 不會
- 加州勞工法第5部分 - 職業健康及安全 會 不會
- 所有其它的聯邦、州、和本地勞工法 會 不會

2. 我將會要求我的工人賠償保險提供者指定位於49 South Van Ness Ave, #600, San Francisco, CA 94103 的三藩市環境衛生部 (SF Environmental Health Branch) 為“證書持有者”。 會 不會

本人是本企業的擁有者或其授權代理人。在會觸及偽證處罰情況下，本人聲明本健康及安全工作條件聲明中的資訊均是真實與正確。

以正楷英文清楚寫上姓名 簽名 日期

我確知如不遵守所有實施的聯邦、州、及本地勞工法例會導致三藩市公共衛生署簽發給我的營運許可証被中止或撤銷或我會被轉介到相關的聯邦、州、或本地執法機構。

清楚寫上姓名 簽名 日期

1. Yo entiendo que este negocio debe cumplir con todas las leyes laborales locales, estatales y federales con el fin de obtener y mantener un Permiso Para Operar válido del Departamento de Salud Pública. Yo afirmo que como operador del negocio mencionado arriba, estoy consciente de y acepto cumplir con las siguientes leyes, cuando si aplicable a mi negocio:

- Ordenanzas laborales de San Francisco Sí No
- División 4 del Código Laboral de California -Tener y mantener Seguro de Compensación de Trabajadores o tener su propio seguro) Sí No
- División 2 del Código Laboral de California - Regulación y Supervisión del Empleo Sí No
- División 5 del Código Laboral de California - Salud y Seguridad Ocupacional Sí No
- Todos los demás códigos laborales federales, estatales y locales Sí No

2. Solicitaré a mi proveedor de Seguro de Compensación del Trabajador que designe como "Titular de Certificado" la Subdivisión de Salud Ambiental de SF en el 49 South Van Ness Ave, #600, San Francisco, CA 94103 Sí No

Soy el propietario o un representante autorizado del propietario de este negocio. Declaro bajo pena de perjurio que la información en esta Declaración de Condiciones Trabajo Saludables y Seguras es verdadera y correcta.

Escribir Nombre Firma Fecha

Yo reconozco que incumplimiento de todas las leyes laborales federales, estatales y locales puede resultar en la suspensión o revocación de mi Permiso Para Operar emitido por el Departamento de Salud Pública de San Francisco o ser referido a la agencia federal, estatal, o local aplicable para hacer cumplir la ley.

Escribir Nombre Firma Fecha

1. Nauunawaan ko na itong negosyo ay dapat sumunod sa lahat ng lokal, estado, at pederal na batas sa paggawa upang makakuha ng at mapanatili ang isang may-bisang permiso na mangasiwa mula sa Kagawaran. Pinagtibay ko na bilang isang tagapangasiwa ng negosyong ito, nababatid at sinasang-ayunan ko ang mga sumusunod na batas kung naaangkop sa aking negosyo

- San Francisco Labor Codes Oo Hindi
- California Labor Code Division 4—Magkaroon at magpanatili ng Workers Compensation Insurance o self-insurance. Oo Hindi
- California Labor Code Division 2—Regulasyon ng trabaho at pangangasiwa Oo Hindi
- California Labor Code Division 5—Kalusugan at kaligtasan sa trabaho Oo Hindi
- Lahat ng iba pang mga pederal, estado at lokal na batas sa paggawa Oo Hindi

2. Ako ay hihiling sa aking tagalaan ng Workers Compensation Insurance upang maitalaga bilang isang "Certificate Holder" ang SF Environmental Health Branch sa 49 South Van Ness Ave, #600, San Francisco, CA 94103 Oo Hindi

Ako ang may-ari o ang awtorisadong ahente ng may-ari ng negosyong ito. Idinedeklara ko sa ilalim ng parusa sa panunumpa nang walang katotohanan na totoo at tama ang impormasyon sa Deklarasyon ng Mabuti at Ligtas na Kondisyon sa Trabaho na ito.

Pangalan Lagda Petsa

Tinatanggap ko na ang hindi pagsunod sa lahat ng mga pederal, estado, at lokal na batas sa paggawa ay maaaring magdulot ng suspensyon o pagbawi ng aking permiso na mangasiwa na ibinigay ng Kagawaran ng Pamublikong Kalusugan ng San Francisco, o isang pagsanguni sa angkop na pederal, estado, o lokal na ahensiya para sa pagpapatupad.

Pangalan Lagda Petsa



Labor Law Checklist For San Francisco Business Owners

AS A SMALL BUSINESS OWNER, YOU ARE RESPONSIBLE FOR COMPLYING WITH FEDERAL, STATE, AND LOCAL LABOR LAWS.

THIS CHECKLIST IS FOR YOUR USE AND DOES NOT NEED TO BE SUBMITTED. IT WILL HELP YOU COMPLY WITH THE MOST IMPORTANT SAN FRANCISCO AND CALIFORNIA LABOR LAWS. IT IS NOT A COMPLETE LIST, AND IT IS NOT INTENDED AS LEGAL ADVICE. CONTACT THE LABOR LAW AGENCIES LISTED AT THE END OF THIS CHECKLIST FOR DETAILED INFORMATION.

WAGES

- 1. Pay all workers the *San Francisco* Minimum Wage, which adjusts annually. Maintain time and payroll records.
- 2. Pay overtime pay of 1.5 times for hours over 8 per day or 40 per week.
- 3. Pay all wages within legal timeframe when employees terminate their employment.
- 4. Display posters about wages, unemployment, and pay day.

REST BREAKS

- 5. Provide 10 minutes of paid break for every 4 hours worked.
- 6. Provide 30 minutes of uninterrupted unpaid break for every 5 hours worked.

HEALTH BENEFITS

- 7. Provide 1 hour of paid sick leave for every 30 hours worked.
- 8. Contribute towards health care if you have more than 20 employees.
- 9. Provide up to 12 weeks of unpaid medical leave if you have more than 50 employees.
- 10. Purchase workers compensation insurance for all employees.
- 11. Deduct disability insurance.
- 12. Display posters about sick pay and workers compensation benefits.

YOUNG WORKERS

- 13. Ask for work permits if under 18.
- 14. Schedule them to work not too many hours or too early or late in the day.
- 15. Assign teens low-risk job tasks.

SAFETY AND HEALTH PROTECTION

- 16. Prepare and implement an Injury and Illness Prevention Program.
- 17. Identify and correct unsafe and hazardous conditions.
- 18. Establish safe working procedures.
- 19. Provide and maintain all safety tools and equipment that employees need.
- 20. Make available to employees a Material Safety Data Sheets for each chemical used.
- 21. Provide training on hazards, safe operating procedures, and the use of safety equipment. Use visual aids (signs, labels, posters) to reinforce training.
- 22. Keep 3 feet clearance (no storage) in front of electrical panels. Replace damaged electrical cords. Replace missing covers of electrical boxes.
- 23. Inspect first aid kits regularly, replenish materials as needed.
- 24. Keep aisles and exit route clear of obstructions. Keep floors clean and dry or supply mats. Clean up spills immediately.
- 25. Report serious injury, illness, or death to Cal-OSHA immediately.
- 26. Keep records of injuries and illnesses as well as insurance claims related to work place injuries. If using a Log 300, records workplace injuries and illnesses on the log.
- 27. Provide medical exams if required by law and provide employees access to their medical records and results of workplace chemical exposure records.
- 28. Post Cal-OSHA Safety & Health Protection on the Job poster.

OTHER GENERAL RESPONSIBILITIES

- 29. Provide equal employment opportunities regardless of race, color, religion, sex, or national origin, disabilities, marital status, or age.
- 30. Prohibit sexual harassment or other types of harassment towards employees who have refused to do unsafe work or have made a complaint to a labor law enforcement agency.
- 31. Allow workers to organize and form a union.

WHERE TO GET MORE INFORMATION

Item #	Agency
1	SF-OSLE
2	CA-DLSE
3	CA- DLSE
4	SF-OSLE
5	CA- DLSE
6	CA- DLSE
7	SF-OSLE
8	SF-OSLE
9	FEH
10	WC
11	EDD
12	WC, SF-OSLE
13	CA- DLSE
14	CA- DLSE
15	CA- DLSE
16	Cal-OSHA
17	Cal-OSHA
18	Cal-OSHA
19	Cal-OSHA
20	Cal-OSHA
21	Cal-OSHA
22	Cal-OSHA
23	Cal-OSHA
24	Cal-OSHA
25	Cal-OSHA
26	Cal-OSHA
27	CA-OSHA
28	Cal-OSHA
29	FEH
30	FEH
31	NLRB

Agency List

- ➔ **(CA-DLSE)** Department of Industrial Relations
Division of Labor Standards Enforcement
455 Golden Gate Ave., 10th fl.
San Francisco, CA 94102
(415) 703-5300 www.dir.ca.gov/dlse
- (Cal-OSHA)** Department of Industrial Relations
California Occupational Safety and Health Administration
121 Spear Street, Room 430
San Francisco, CA 94105
(415) 972-8670 www.dir.ca.gov/dosh
- ➔ **(EDD)** Employment Development Department
745 Franklin Street, #300
San Francisco, CA 94102
(800) 480-3287 www.edd.ca.gov
- (FEH)** Department of Fair Employment and Housing
2218 Kausen Dr., #100
Elk Grove, CA 95758
(800) 884-1684 www.dfeh.ca.gov
- (NLRB)** National Labor Relations Board
901 Market Street, #400
San Francisco, CA 94103
(415) 356-5130 www.nlr.gov
- ➔ **(SF-OSLE)** Office of Labor Standards Enforcement
1 Dr. Carlton B. Goodlett Place, Room 430
San Francisco, CA 94102
(415) 554-6271 www.sfgov.org/olse
- (WC)** Department of Industrial Relations
Division of Workers' Compensation
455 Golden Gate Ave., 2nd fl.
San Francisco, CA 94102
(415) 703-5011 www.dir.ca.gov/dwc



SAN FRANCISCO
PLANNING
DEPARTMENT

GENERAL PLANNING INFORMATION

Tobacco Paraphernalia Establishments

Date:
October 2012

Subject:
Regulations for establishments which sell
tobacco paraphernalia

Planning Department
49 South Van Ness
San Francisco, CA
94103

T: 628-652-7600

What is Tobacco Paraphernalia?

Tobacco Paraphernalia means devices or instruments for the smoking, ingesting or inhaling of tobacco, products prepared from tobacco, or controlled substances.

What is a Tobacco Paraphernalia Establishment?

A Tobacco Paraphernalia Establishment 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 Tobacco Paraphernalia. Examples of each situation appear below.

Figure 1
10% of occupied floor area

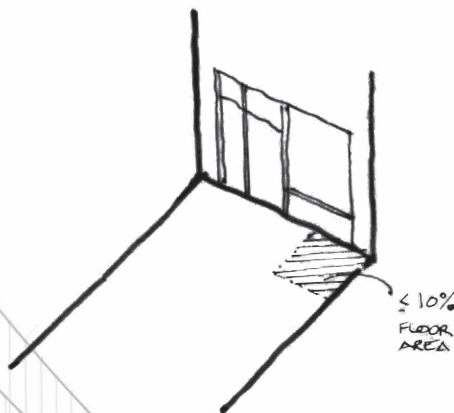
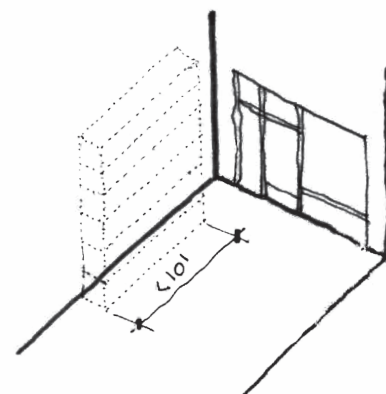


Figure 2
10 linear feet of display area



What are the rules for Tobacco Paraphernalia Establishments?

Tobacco Paraphernalia Establishments are either (1) prohibited from opening for business without first obtaining a Conditional Use authorization from the Planning Commission or (2) in certain Zoning Districts, prohibited from opening whatsoever.

Are any Tobacco Paraphernalia Establishments ‘grandfathered’?

Yes. ‘Grandfathering’ is a term meaning that legal uses which pre-date a new restriction can continue to operate despite that newer restriction. Tobacco Paraphernalia Establishments were first regulated under the Planning Code in December 2008. A retail use that lawfully distributed Tobacco Paraphernalia prior to that date may continue to do so, so long as the area devoted to Tobacco Paraphernalia does not expand in any way. Note that grandfathering is not affected by any changes of ownership of the establishment. However, if the distribution of Tobacco Paraphernalia has ceased for three or more years, it is deemed “abandoned” and cannot be reactivated except by complying with all regulations applicable to new Tobacco Paraphernalia Establishments.

Additional regulations in the Polk Street NCD

In the Polk Street Neighborhood Commercial District (generally properties along Polk Street between Post & Filbert Streets and along Larkin Street between Post & Sacramento Streets), no retail use selling *any* amount of Tobacco Paraphernalia whatsoever is allowed. In other words, unlike elsewhere in the City, selling even a single smoking device is not allowed. Additionally, the period of abandonment discussed on the other side of this document is 18 months rather than three years.

Additional regulations along Haight Street

In the Haight Street Neighborhood Commercial District and Lower Haight Street Tobacco Paraphernalia Restricted Use District (together, the neighborhood commercial areas along Haight Street between Webster & Stanyan Streets), the period of abandonment discussed above is 18 months rather than three years.

What if I break the rules?

Violations of the Planning Code are subject to daily penalties of up to \$250 for each day the violation exists. We want to help you comply with the Planning Code; if you would like to distribute Tobacco Paraphernalia and have any questions whatsoever, please call or visit the Planning Information Center during regular business hours. Our location and contact information appears below.



SAN FRANCISCO
PLANNING
DEPARTMENT

**FOR OTHER PLANNING INFORMATION:
Call or visit the San Francisco Planning Department**

49 South Van Ness
San Francisco CA 94103

TEL: **628-652-7600**
WEB: **www.sfplanning.org**