



Tobacco Hardship Exemption Application

1. Please complete and submit your hardship exemption application and filing fee with a postmark date no later than October 2, 2020.
2. Mail the completed form and supporting documents with the application filing fee of \$1,500.00 to:
CITY OF BEVERLY HILLS
CASHIER/Tobacco Hardship Exemption Application
455 N. Rexford Drive
Beverly Hills, CA 90210-4817
3. An Administrative Hearing Officer will review the application and a hearing will be scheduled within forty five (45) days after a completed application is filed.
4. For questions, please contact the Business Tax Division at (310) 285-2424.



CITY OF BEVERLY HILLS

455 N. Rexford Drive
Beverly Hills, CA 90210-4817

APPLICATION FOR HARDSHIP EXEMPTION – BEVERLY HILLS TOBACCO SALES PROHIBITION

The City of Beverly Hills has prohibited the retail sales of tobacco products, effective January 1, 2021. Existing tobacco retailers in the City can complete the following application to be considered for a temporary exemption.

APPLICANT INFORMATION		
BUSINESS NAME (DBA):		CONTACT NAME (INDIVIDUAL):
BUSINESS OWNER:		
BUSINESS CATEGORY :		
<input type="checkbox"/> Cigar lounge	<input type="checkbox"/> Grocery store	<input type="checkbox"/> Gas station
<input type="checkbox"/> Convenience store	<input type="checkbox"/> Pharmacy	<input type="checkbox"/> Hotel
<input type="checkbox"/> Other (Please specify)_____		
BUSINESS ADDRESS:		
MAILING ADDRESS:		
PHONE NUMBER:	EMAIL:	
PERMIT EXPIRE DATE:	PERMIT #:	
DURATION OF THE REQUESTED EXTENSION*: <input type="checkbox"/> 6 months <input type="checkbox"/> 12 months <input type="checkbox"/> 18 months <input type="checkbox"/> 24 months		
*With each extension period a new hardship exemption application will need to be submitted.		
Under penalty of perjury, I hereby declare the information contained within and attached to this application is complete, true, and accurate. I understand that any misrepresentation or false statement in this application, or a violation of the Beverly Hills Municipal Code, is cause for rejection of this application.		
_____		_____
Print Name of Authorized Signatory		Title of Authorized Signatory
_____	_____	_____
Business Name	Authorized Signature	Date

PROVIDE EVIDENCE OF PARTICIPATION IN EITHER OF THE FOLLOWING SERVICES**:
<input type="checkbox"/> YES <input type="checkbox"/> NO Attendance at a Small Business Development Center (SBDC) Workshop
DATE: TOPIC:
<input type="checkbox"/> YES <input type="checkbox"/> NO Attendance at a complementary one-on-one consultation with an SBDC representative
DATE: TOPIC:

** Businesses are highly encouraged to participate in a SBDC workshop as participation will be taken into consideration as part of the application review process. For a listing of upcoming SBDC Workshops and to schedule a complementary one-on-one consultation, visit beverlyhills.org/SBDC.

INFORMATION/ DOCUMENTS INCLUDED	Please prepare and submit the appropriate documentation, including the items listed below, in order to support your application for a hardship exemption. All information submitted to the City will be evaluated as part of the application review process before a hardship exemption is granted or denied.
INCLUDED <input type="checkbox"/>	1. Provide the percentage of the retail sales over the last three (3) years derived from tobacco products and tobacco and electronic cigarette paraphernalia.
INCLUDED <input type="checkbox"/>	2. State the amount of financial investment in the business (example: how much money you or other partners/investors have put into the business).
INCLUDED <input type="checkbox"/>	3. Provide present actual and depreciated value of any business improvements dedicated to the retail sale of tobacco products and tobacco and electronic cigarette paraphernalia.
INCLUDED <input type="checkbox"/>	4. Provide applicable Internal Revenue Service depreciation schedule or functional non-confidential equivalent.
INCLUDED <input type="checkbox"/>	5. Provide the remaining useful life of the business improvements that are dedicated to the sale of tobacco products and tobacco and electronic cigarette paraphernalia.
INCLUDED <input type="checkbox"/>	6. Provide the remaining lease term of the business, if applicable.
INCLUDED <input type="checkbox"/>	7. Is there an opportunity for relocation of the business? What is the cost of relocation?
INCLUDED <input type="checkbox"/>	8. Provide a business plan demonstrating how long the business will need to sell tobacco products and tobacco and electronic cigarette paraphernalia to recoup any investment backed expectations, and a plan for phasing out the sale of those products.
<input type="checkbox"/> YES <input type="checkbox"/> NO	9. In lieu of tobacco, can your business sell other products?

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