

Legistar No.: 24-1371

Resolution No.: TBD

RESOLUTION ROUTING SHEET

Date Prepared: 10/8/24

Need Date: 10/9/24

PROCESSING DEPARTMENT:


Department: HHSA/EMD

Contact Name: Courtney Jenkins

Phone: x7154

Email Address: courtney.jenkins@edcgov.us

Department Head Signature: Alisha Bryden

 Digitally signed by Alisha Bryden
Date: 2024.10.08 10:55:29 -07'00'

Requesting Department: HHSA

Org Code: 5440

Service Requested: Resolution Review

Description:
Review of the Tobacco Retail License Permit Fee Resolution


COUNTY COUNSEL:

Approved:

Disapproved:

Date: 10.10.24

County Counsel Signature: Nicole Wright

 Digitally signed by Nicole Wright
Date: 2024.10.10 09:26:49 -07'00'

County Counsel Comments:

HR APPROVAL: N/A (Resolution)

RISK MANAGEMENT: N/A (Resolution)

PLEASE EMAIL CHANGES/APPROVAL TO DEPARTMENT CONTACT