

Application for a Permit to Engage in the Retail Sales or Distribution of Tobacco Products

Instructions:

1. Review the information below and complete all applicable sections that are currently blank. Cross out any incorrect information and correct as necessary.
2. Make a check or money order for **\$100.00** payable to: **CUYAHOGA COUNTY BOARD OF HEALTH**
3. Return the payment and signed application by: **DECEMBER 15, 2018**
4. Remit the payment and signed application to: **CUYAHOGA COUNTY BOARD OF HEALTH
ATTN: ENVIRONMENTAL PUBLIC HEALTH
5550 VENTURE DRIVE
PARMA, OH 44130**

This application must be completed and submitted to the Cuyahoga County Board of Health by the Owner, Officer or Partner having the legal authority to represent the facility or corporation applying for this tobacco product sales permit. Failure to complete this application and to remit the proper fee will result in a delay in the issuance of a permit or a rejection of the permit application. No transfer of any permit to another location or person shall be valid.

Facility Name		Federal Tax ID Number	
Facility Address		Manager Name	
City		State	Zip Code
Facility Phone Number	Email		Fax Number
Mailing Address for Annual Renewal: (check one) Facility Address <input type="checkbox"/> Owner Address <input type="checkbox"/>			
Owner Name (If Corporation, Legal Corporation Name)		Ohio Secretary of State Entity Number	
Owner Address		Date of Birth	
City		State	Zip Code
Owner Phone Number		Email	
If the owner is a corporation or partnership, list all partners and/or corporate members in the space provided on the back of this form.			
<p>As a retailer of tobacco products, by signing this application I hereby certify that:</p> <ul style="list-style-type: none"> The information contained in this application is accurate and true and that I am the Owner, Officer or Partner for the facility indicated above. I understand that the permit fee is not refundable and that this permit application may be denied based on provisions specified in any and all applicable municipal codified ordinances. I understand that I must post the Permit to Engage in the Retail Sales or Distribution of Tobacco Products and any other required signage in a prominent location at or near the point of sale of any tobacco products on the premises. I currently have a valid vendor's license as required by the Ohio Department of Taxation and, if applicable, a current and valid Retail Cigarette Dealer's License as required by Ohio Revised Code (ORC) Chapter 5743. 			
Signature		Printed Name	Date

NOTE: ALL RETURNED CHECKS WILL BE CHARGED A PROCESSING FEE OF TEN DOLLARS (\$10.00)

OFFICE USE ONLY			
Date Issued _____	Permit No. _____	Approved By _____	
Log-in number _____		\$ Amount Paid _____	

List all partners and/or corporate members below:

Name	Title	Date of Birth
Name	Title	Date of Birth
Name	Title	Date of Birth
Name	Title	Date of Birth
Name	Title	Date of Birth
Name	Title	Date of Birth
Name	Title	Date of Birth
Name	Title	Date of Birth
Name	Title	Date of Birth
Name	Title	Date of Birth