

Application for a Permit to Engage in the Retail Sales or Distribution of Tobacco Products Under the Cuyahoga County Board of Health Tobacco 21 Program

Instructions:

1. Please provide the information requested in all applicable sections below.
2. Make a check or money order for **\$100.00** payable to: **CUYAHOGA COUNTY BOARD OF HEALTH**
3. To prevent late charges, return the payment and signed application by: **DECEMBER 31, 2022**
4. Return 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 return the proper fee by the date shown above will result in a 25% late penalty fee as required by ordinance. It will also result in a delay in the issuance of a permit or a potential rejection of the permit application. No transfer of any permit to another person shall be valid. Any sale or transfer of ownership of permittee's business will require a new application and subsequent permit issuance.

Business Name (DBA)		Federal Tax ID Number	
Business Address		Business Phone	
City	State	Zip Code	
Business Email		Manager Name	
Permit Should Be Mailed to: (check one) Business Address <input type="checkbox"/> Owner Address <input type="checkbox"/>			
Owner Name		Corporation Name (if applicable)	
Owner Address		Owner Phone	
Owner City	Owner State	Owner Zip Code	
Owner Email		Owner Date of Birth	
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.			
As a retailer of tobacco products, by signing this application I hereby certify that: <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 maintain a copy of the Permit to Engage in the Retail Sales or Distribution of Tobacco Products on the premises and must display the required program signage issued to me 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)			

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

OFFICE USE ONLY

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