

Application for a Temporary Retail Tobacco and Paraphernalia Sales License

Instructions:

1. Complete all applicable application sections
2. Provide a copy of a current and valid **Vendor's License** as required by the Ohio Department of Taxation
3. Submit a copy of a current and valid **Retail Cigarette Dealer's License** as required by ORC Chapter 5743
4. Make a check or money order payable to: Columbus City Treasurer

5. Return signed application and **\$50** license fee to: Columbus Public Health
Environmental Health
240 Parsons Avenue
Columbus, OH 43215

Failure to complete this application and remit the proper fee will result in not issuing a license. No transfer of any license to another location or person shall be valid.

Facility Name	Name of Event	
Event Location	Street Address	
Contact Name	Event Date(s) and Time(s)	
Owner Name	Cell Phone Number	
Owner Address	E-mail	
City	State	Zip
Product(s)	Date of Birth	

Have you ever been convicted of or cited with a Tobacco Violation? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain:

As a retailer of tobacco products and/or product paraphernalia, I hereby certify that: <ul style="list-style-type: none"> I understand and agree to abide by all requirements of Columbus City Health Code Chapter 248, Columbus City Code §2329.13, and Columbus City Code §2329.14. I understand that approval of my application is contingent upon the submission of a current and valid Vendor's License as required by the Ohio Department of Taxation and the submission of a current and valid Retail Cigarette Dealer's License as required by ORC Chapter 5743. I understand that the license fee is not refundable and that application for licensure may be denied based on provisions specified in Columbus City Health Code §248.03. The information contained in this application is accurate and true and that I am the Owner, Officer or Partner for the facility indicated above. 		
Signature	Print Name	Date

Licensor to complete below:		
License Fee	+ Late Fee	= Total Amount Due

Application approved for license and certified as required by Columbus City Health Code Chapter 248.

By	Date	Audit No.	License No.
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