

Application for a Retail Tobacco Product Sales License

Instructions:

1. Complete all applicable sections. Cross out any incorrect information and correct legibly
2. For new owners, 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. Submit a copy of a current and valid **Retail Tobacco Store Smoke Free Exemption** as required by ORC §3794.03.
5. Make a check or money order payable to : COLUMBUS CITY TREASURER
6. Return payment and signed application **by:**
 to: COLUMBUS PUBLIC HEALTH
 ENVIRONMENTAL HEALTH
 240 PARSONS AVE.
 COLUMBUS, OH 43215

Before the license application can be processed, this application *must* be completed and submitted by an Owner, Officer or Partner before commencing any activity requiring a Retail Tobacco Product Sales License under Columbus City Health Code Chapter 248. 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		Federal Tax ID Number (not required for renewal)	
Facility Address			
City		State	ZIP
Facility Phone #		Fax #	
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			
City		State	ZIP
Phone #		E-mail	
If owner is a corporation or partnership, list all partners and/or corporate members here: (use back of sheet if more space is needed)			
Full Name		Title	
Full Name		Title	
Full Name		Title	

As a retailer of tobacco products and/or product paraphernalia, I hereby certify that:

- I understand and agree to abide by all requirements of Columbus City Health Code Chapter 248.
- I understand that my application may be denied, and my Retail Tobacco Product Sales License may be suspended or revoked, if an applicant or licensee is giving, selling, or offering to sell cigarettes, other tobacco products, or product paraphernalia by or from a vending machine as specified in Columbus City Health Code §§ 248.03 and 248.05.
- 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, Partner, or authorized representative of the Owner, Officer, or Partner for the facility indicated above.

Signature	Print Name	Date
------------------	-------------------	-------------

Licensors 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	License no.
----	------	-------------

Corporation or partnership list (continued from front)

Full Name	Title
Full Name	Title
Full Name	Title
Full Name	Title
Full Name	Title
Full Name	Title
Full Name	Title
Full Name	Title
Full Name	Title
Full Name	Title
Full Name	Title