Retail Tobacco Product Sales License Application

INSTRUCTIONS

1. Complete all sections. Cross out any incorrect information and correct it clearly.
2. If selling cigarettes, submit a copy of a current and valid Retail Cigarette Dealer's License as required by ORC Chapter 5743.
3. For Change of Ownerships only, provide a copy of a current and valid Vendor's License as required by the Ohio Department of Taxation and the CP-575: EIN Assignment Notice issued by the Internal Revenue Service (IRS).
4. Make a check or money order payable to: **Columbus City Treasurer**
5. Return check and signed application by **October 1, 2025** to: **COLUMBUS PUBLIC HEALTH - ENVIRONMENTAL HEALTH**
   240 PARSONS AVE., COLUMBUS, OH 43215

Before the license application can be processed, this application must be fully 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 & OWNER INFORMATION

Facility Name	Federal Tax ID Number	
Facility Address	Manager Name	
City	State	ZIP
Facility Phone	Preferred Language (if other than English)	
Owner Name (If Corporation, legal Corporation name)		
Owner Address	Date of Birth (If Corporation, N/A)	
City	State	ZIP
Owner Phone	Owner Email	

If owner is a corporation or partnership, list all partners and/or corporate members. (Use back of sheet if needed.)

Name	Title	Date of Birth

MAILING ADDRESS FOR RENEWAL (choose one)

❑ **Facility Address** ❑ **Owner Address**

SIGNATURE

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

COLUMBUS PUBLIC HEALTH COMPLETES SECTION BELOW.

LICENSE FEE: + Late Fee: = **TOTAL:**

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

By:_____ Date: _____ License #:_____

THE CITY OF COLUMBUS
ANDREW J. GINTHER, MAYOR
COLUMBUS PUBLIC HEALTH

Continue to list all partners and/or corporate members here, if needed.

Name	Title	Date of Birth
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