

Application for a Tobacco Retail License

Cayuga County Health Department

<http://cayugacounty.us/environmental>

Section A: Application Information

(ALL INFORMATION MUST BE COMPLETELY FILLED IN)

8 Dill Street, Auburn, NY 13021

Fee Due \$0

Tobacco Retail Name _____

Tobacco Retail Address _____

Email Address _____

Telephone Number (_____) _____ Fax Number (_____) _____

Owner Name _____ DBA (if any) _____

Address _____

City _____ State _____ Zip _____ Email Address _____

Telephone Number (_____) _____ Fax Number (_____) _____

Section B: Facility Information

Facility Type (check all that apply):

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Convenience | <input type="checkbox"/> Gas | <input type="checkbox"/> Discount Store | <input type="checkbox"/> Grocery/Supermarket |
| <input type="checkbox"/> Pharmacy | <input type="checkbox"/> Mobile/Stand | <input type="checkbox"/> Restaurant | <input type="checkbox"/> Bar/Lounge |
| <input type="checkbox"/> Tobacco Business | <input type="checkbox"/> Liquor/Beverage Store | <input type="checkbox"/> Other (specify): _____ | |

Does the facility possess a current NYS Department of Taxation & Finance Retail Dealer Certificate?

Yes No ID# _____ Year of Expiration _____

Has the business/owner ever had a Tobacco Retail License issued under this Cayuga County local law revoked?

Yes No

Does the Applicant have any outstanding fees, fines, penalties, or other charges owed to Cayuga County?

Yes No

Section C: Signature & Certification

FALSE STATEMENTS MADE ON THIS APPLICATION ARE PUNISHABLE UNDER THE PENAL LAW. Failure to sign this form may delay issuance of your license. Operation without a valid license is a violation of Cayuga County local law No. 5 for the year 2013.

Signature of individual operator or authorized official _____

Print name of person signing _____ Title _____ Date _____

Section D: FOR OFFICE USE ONLY

License Issuance recommended? Yes No

License Effective Date ____/____/____ License Expiration Date ____/____/____

Conditions of Approval _____

Signature _____ Title _____ Date _____