

# 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 \_\_\_\_\_