



APPLICATION AND GUIDANCE FOR REGISTRATION OF RETAIL TOBACCO STORES AND RETAIL ELECTRONIC CIGARETTE STORES

In accordance with the **Smoke Free Air Act**, registration with the Department of Health and Mental Hygiene (DOHMH) is required for all:

- Retail Tobacco Stores
- Retail Electronic Cigarette Stores

A **Retail Tobacco Store** is:

A retail store devoted primarily to the sale of any tobacco products, including but not limited to cigarettes, cigars, pipe tobacco and chewing tobacco, and accessories and in which the sale of other products is merely incidental. The sale of such other products shall be considered incidental if such sales generate less than 50% of the total annual gross sales.

Smoking and using electronic cigarettes is permitted in Retail Tobacco Stores that have registered with the DOHMH

A **Retail Electronic Cigarette Store** is:

A retail store devoted primarily to the sale of electronic cigarettes, and in which the sale of other products is merely incidental. The sale of such other products shall be considered incidental if such sales generate less than 50% of the total annual gross sales.

Using electronic cigarettes is permitted in Retail Electronic Cigarette Stores that have registered with the DOHMH

NOTE: Food service establishments cannot register as a Retail Tobacco Store or as a Retail Electronic Cigarette Store and may not allow smoking of tobacco products or use of electronic cigarettes on site, in accordance with the Smoke-Free Air Act (NYC Administrative Code - Chapter 5, Title 17)

A **Food Service Establishment** is:

A place where food or beverage is provided for individual portion service directly to the consumer whether such food or beverage is provided free of charge or sold, and whether consumption occurs on or off the premises.



NEW YORK CITY DEPARTMENT OF
HEALTH AND MENTAL HYGIENE
Mary T. Bassett, MD, MPH
Commissioner

Instructions for Completion and Submission of Applications

The following apply to all applicants for registration:

- All information provided as part of the registration package must be either typed or printed clearly in ink.
- For supporting documentation, the name of the applicant must be the same as on the registration application.
- The application for registration must be completed and signed by the applicant where indicated.
- A copy of a valid photo ID (as detailed below) for the applicant who has completed and signed the application must be submitted with the application.
- If the applicant sends a representative to submit the form in person, the representative must present a power of attorney on either a standard legal form or an affidavit form provided by the DOHMH and a valid photo ID. The application for registration must be signed by a person who is an officer, partner, owner, or member of the entity on behalf of the entity applying for registration. Alternatively, the representative must be duly authorized by said person.

Note: when submitting an application online, electronic copies of all required documentation must be uploaded.

Valid Photo Identification

One copy of a government-issued ID with a photo must be submitted, such as:

- Driver's license or non-driver ID
- Alien Registration Card or Naturalization Certificate
- U.S. or foreign passport
- NYC Identification Card (IDNYC)

Submitting the Registration Application

- **In Person:** Deliver the application in person to the Citywide Licensing Center, 42 Broadway, New York, NY 10004. Operating hours: Monday – Friday 9am – 5pm.
- **Online:** Instructions and a link to complete an online application for registration are found at www.nyc.gov/healthpermits in the Smoke Free Air Act Exemption section.

The DOHMH will review your submitted application to determine if the form has been correctly completed and that all required information is provided. If the application for registration is incomplete, it will be denied, and you will be notified in writing and given the opportunity to re-submit a corrected application of registration.

If the application for registration is accepted, you will be notified in writing. The DOHMH may request additional supporting documentation for review, at any time, in order to verify that a registered establishment, or an establishment applying for registration, meets the criteria for registration.



Application for Registration of a Retail Tobacco Store or Retail Electronic Cigarette Store

Type or Print legibly in blue or black ink

PART 1							
Name of Corporation, LLC, Partnership or Individual Owner							
Trade Name/DBA							
Building Number	Street						
City	State	Zip Code	Telephone ()				
E-mail Address							
I wish to register this establishment as a: (Choose one)							
<input type="checkbox"/> Retail Tobacco Store				<input type="checkbox"/> Retail Electronic Cigarette Store			
PART 2							
<u>Sale of Cigarettes and/or Sale of Tobacco Products License Information</u>							
If you are registering as a Retail Tobacco Store, enter all tobacco and cigarette license information for the entity:							
1. NYC Department of Consumer Affairs – Cigarette Retail Dealer License No.							

2. NYS Department of Taxation and Finance – Retail Dealer Certificate of Registration for Cigarettes and Tobacco Products License No.							

3. NYS Department of Taxation and Finance – Appointment of Distributor of Tobacco Products License No.							

If you are registering as a Retail Tobacco Store, state the percentage of establishment’s total annual gross sales generated by tobacco products. For establishments that have been in operation for less than one year, state the percentage of total annual gross sales that will likely be generated by tobacco products based on the establishment’s inventory and business plan.							

<u>Sale of Electronic Cigarettes</u>							
If you are registering as a Retail Electronic Cigarette Store, state the percentage of establishment’s total annual gross sales generated by electronic cigarettes. For establishments that have been in operation for less than one year, state the percentage of establishment’s total annual gross sales that will likely be generated by electronic cigarettes based on the establishment’s inventory and business plan.							

PART 3							
Hours of Operation:							
Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Open							
Close							

PART 4

List full name, home address, phone number, and title of all owners, partners, corporate officers and principals. Use additional sheets of paper if necessary.

1. Last Name	First Name	Title	
Building Number	Street		
City	State	Zip Code	Telephone ()
2. Last Name	First Name	Title	
Building Number	Street		
City	State	Zip Code	Telephone ()
3. Last Name	First Name	Title	
Building Number	Street		
City	State	Zip Code	Telephone ()
4. Last Name	First Name	Title	
Building Number	Street		
City	State	Zip Code	Telephone ()

****Applicant must sign and date indicated area below****

Signature of Applicant, Corporate Officer, or Partner: Title:

Date:

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Acknowledgement and Certification

I, _____, state that I am the _____ of

(Name) *(Title)*

_____, and have completed the above application for registration

(Name of Applicant Entity)

of such entity as a _____

(Select retail tobacco store or retail electronic cigarette store)

at the location listed, and that the statements made therein are truthful to the best of my knowledge. I affirm that the entity currently meets the criteria for registration as defined in Chapter 5, Title 17 of the NYC Administrative Code.

I acknowledge that I am, and the persons I represent are, fully aware of the consequences, including the forfeitures and civil and criminal penalties, which may result if any statement and document provided is determined to be false.

I further acknowledge that this registration will no longer be valid or recognized by the DOHMH should the operation of the establishment at this location change such that the entity no longer meets the criteria for registration.

Dated: _____

Signature: _____

Sworn to before me

this _____ day of _____, 20_____.

Notary Public