Application for a Tobacco Retail License

Cayuga County Health Department **http://cayugacounty.us/environmental**

8 Dill Street, Auburn, NY 13021
Fee Due $100

Section A: Application Information
(ALL INFORMATION MUST BE COMPLETELY FILLED IN)

Tobacco Retail Name (must match DTF License) _____

Tobacco Retail Address (must match DTF License) _____

Email Address _____

Retail Shop Telephone Number _____ Fax Number _____

Responsible Party/Owner Name _____ DBA (if any) _____

Responsible Party/Owner Address _____ Email Address (if different than above) _____

City _____ State _____ Zip _____

Telephone Number _____ Fax Number _____

Section B: Facility Information

Facility Type (check all that apply):

- ☐ Convenience
- ☐ Gas
- ☐ Discount Store
- ☐ Grocery/Supermarket
- ☐ Pharmacy Tobacco
- ☐ Mobile/Stand
- ☐ Restaurant
- ☐ Bar/Lounge
- ☐ Business
- ☐ Liquor/Beverage Store
- ☐ Other (specify): _____

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

☐ Yes ☐ No ID# _____ Date 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 8 for the year 2024.

Signature of Responsible Party/Owner _____

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 _____