Application for a Tobacco Retail License

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

Section A: Application Information **8 Dill Street, Auburn, NY 13021**
(ALL INFORMATION MUST BE COMPLETELY FILLED IN) **Fee Due $100**

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 _____

City _____ State _____ Zip _____ Email Address (if different than above)_____

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

Section B: Facility Information

Facility Type (check all that apply):

[_] Convenience [_] Gas [_] Discount Store [_] Grocery/Supermarket
[_] Pharmacy [_] Mobile/Stand [_] Restaurant [_] Bar/Lounge
[_] Tobacco 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 _____