



## Application for Smoke Shop Certification

Please complete the entire 2-page application. Include a separate application packet for each smoke shop. Keep a copy of all application materials for your records.

Business Name

Business Phone

Business Address

City

State

Zip Code

Business Owner

Business Owner Phone

Smoke Shop Name

Smoke Shop Phone

Smoke Shop Address

City

State

Zip Code

County where Smoke Shop is located

Smoke Shop Manager

Manager Phone

Applicant Signature

Date

### DHS use only

Date received: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_

Initials: \_\_\_\_\_

Complete  
 Incomplete

Certified  
 Denied

Initials: \_\_\_\_\_

Initials: \_\_\_\_\_



**Acknowledgement**

I, \_\_\_\_\_, am the \_\_\_\_\_ of the aforementioned smoke shop and have the knowledge necessary to attest that the smoke shop:

- Prohibits persons under 18 years of age from entering the premises;
- Does not offer video lottery games, social gaming or betting on the premises; and
- Does not sell or offer on-premises consumption of alcoholic beverages.

\_\_\_\_\_  
Printed Name of Owner/Manager

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Owner/Manager

\_\_\_\_\_  
Date

State of \_\_\_\_\_ )

County of \_\_\_\_\_ )

This instrument was acknowledged before me on (date) \_\_\_\_\_ by  
(name of person) \_\_\_\_\_

Signature of notarial officer: \_\_\_\_\_

My commission expires: \_\_\_\_\_

(seal)



## **Instructions**

**Please submit the following required documentation in one packet. All required documentation must be included for the Department of Human Services (DHS) to consider the smoke shop for certification.**

- A completed DHS Application for Smoke Shop Certification.
- Documentation demonstrating that at least 75 percent of the business's gross revenue is derived from the sale of tobacco products or smoking instruments for the 2008 fiscal year (July 1, 2007 to June 30, 2008). Documentation may include cash register tapes, inventory receipts, and purchase orders.
- Documentation, including written descriptions or visual aids, demonstrating that the smoke shop is a stand-alone business with no other businesses or residential property attached to the premises. Photographs of the premises are highly encouraged.

DHS will review the application materials within 30 days of receipt to determine whether the application is complete. Incomplete application materials will be returned to the applicant.

Within 10 days of the application being declared complete, DHS will either grant the smoke shop certification or deny the application.

DHS reserves the right to request additional information as necessary to determine compliance with the Oregon Indoor Clean Air Act. DHS may permanently deny the application for smoke shop certification if an applicant provides information that is false or deliberately misleading.

### **Mail your completed application to:**

Oregon's Smokefree Workplace Law  
800 NE Oregon St., Ste 730  
Portland, OR 97232