



Philadelphia Department of Public Health  
Environmental Health Services  
321 University Avenue, 2<sup>nd</sup> Floor  
Philadelphia, PA 19104  
215-685-7340

**Application for Tobacco Retailer Permit**

Date of Application \_\_\_\_\_ **One Permit is required for each location.**

Name of Person Completing Application \_\_\_\_\_

Contact Number of Person Completing Application \_\_\_\_\_

Circle the one that applies:

a) New Permit                      c) Change of Location    e) New Permit after Permit was Revoked  
b) Annual Renewal                d) Ownership Change

SECTION 1 ESTABLISHMENT NAME AND LOCATION

Establishment Name (As it appears on your City of Philadelphia Business Privilege License)  
\_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Establishment Phone \_\_\_\_\_ Fax: \_\_\_\_\_

Alternate Name of Establishment (DBA) other name under which the business operates  
\_\_\_\_\_

SECTION 2 ESTABLISHMENT TYPE (Circle the one that applies)

a) Convenience                      f) Take Out Restaurant                k) Gas Station  
b) Drug Store (Independent)        g) Newsstand                              l) Tavern/Bar  
c) Drug Store (Chain)                h) Laundromat                              m) Grocery  
d) Supermarket                        i) Deli    n) Other \_\_\_\_\_  
e) Eat In Restaurant                    j) Check Cash

**SECTION 3 COMPLETE IF THE ESTABLISHMENT IS INDIVIDUALLY OWNED**

Federal Employer ID #: \_\_\_\_\_

Name of Owner \_\_\_\_\_

Owner Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Owner Contact Phone Number \_\_\_\_\_

Philadelphia Business License # \_\_\_\_\_ Philadelphia Business Tax # \_\_\_\_\_  
(As it appears on your City of Philadelphia Business Privilege License)

Pennsylvania Department of Revenue Cigarette License # **(for retailers that sell cigarettes and/or or little cigars and include a copy of the license with this application)**  
\_\_\_\_\_

**SECTION 4 COMPLETE IF THE ESTABLISHMENT IS CORPORATELY OWNED**

Federal Employer ID #: \_\_\_\_\_

Corporation Name \_\_\_\_\_

Corporation Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Name of Local Manager \_\_\_\_\_

Manager's Contact Phone Number \_\_\_\_\_

Philadelphia Business License # \_\_\_\_\_ Philadelphia Business Tax# \_\_\_\_\_  
(As it appears on your City of Philadelphia Business Privilege License)

Pennsylvania Department of Revenue Cigarette License # **(for retailers that sell cigarettes and/or or little cigars and include a copy of the license with this application)**  
\_\_\_\_\_

**SECTION 5 COMPLETE IF YOUR ESTABLISHMENT IS A SPECIALTY TOBACCO ESTABLISHMENT OR A TOBACCO PRODUCTS DISTRIBUTION BUSINESS**

Specialty Tobacco Establishment     Tobacco Products Distribution Business

If you checked Specialty Tobacco Establishment or Tobacco Products Distribution Business and wish to claim either the Specialty Tobacco Establishment or Tobacco Products Distribution Business exception to the Philadelphia Clean Indoor Air Worker Protection Law (CIAWPL), you

must complete the applicable form located at <http://www.phila.gov/health/permitsForms.html>. Attach the applicable form with your Tobacco Retailer Permit application. **These forms are not required if your establishment does not seek the Specialty Tobacco Establishment or Tobacco Products Distribution Business exception to CIAWPL.**

SECTION 6 TYPE OF TOBACCO SOLD

1. Do you sell cigarettes or little cigars\*?  Yes  No

\*Little cigars are any roll for smoking that weighs not more than four pounds per thousand, where the wrapper or cover is made of natural leaf tobacco or of any substance containing tobacco.

2. Do you sell tobacco products other than cigarettes and little cigars?  Yes  No

If yes, circle all that apply:

- |                      |                    |               |                                |
|----------------------|--------------------|---------------|--------------------------------|
| a) Pipe tobacco      | d) Hookah          | g) Loose leaf | j) Kreteks or clove cigarettes |
| b) Snus              | e) Bidis           | h) Cigars     | k) Dissolvable tobacco         |
| c) Snuff (moist/dry) | f) Chewing tobacco | i) Cigarillos |                                |

3. Do you sell Electronic Smoking Devices\* or Unapproved Nicotine Delivery Products\*\*?  Yes  No

\*Electronic Smoking Devices are devices which simulate tobacco smoking, which is intended to deliver nicotine to the person inhaling from the device; the term includes any solution, compound, or other substance containing nicotine and manufactured for use with such a device.

\*\*Unapproved Nicotine Delivery Products are products, other than an electronic smoking device or a tobacco product, containing or delivering nicotine intended or expected for human consumption, or any part of such a product, that has not been approved or otherwise certified for sale by the United States Food and Drug Administration as a tobacco use cessation product, or for other medical purposes.

SECTION 7 TYPE OF SALES (Circle the one that applies)

- |                     |                    |                             |
|---------------------|--------------------|-----------------------------|
| a) Over the Counter | b) Vending Machine | c) Over the Counter/Vending |
|---------------------|--------------------|-----------------------------|

Permit Fee is \$50. Annual Renewal fee is \$50.

1) We accept Money Orders and Cashier's Checks only. Do NOT send cash, personal or business checks. Make the cashier's check or money order payable to: **City of Philadelphia.**

2) **For retailers that sell cigarettes/and or little cigars, attach to the application a copy of your Cigarette Retailer License from the Pennsylvania Department of Revenue.**

3) All retailers attach a copy of your tax compliance certificate which you can print from the Philadelphia Revenue Department's website at <http://www.phila.gov/revenue>. Select "Tax Clearance" on the home page and you will be able to select the reason for the compliance certificate which is for the Tobacco Retailer Permit and type in the requested information.

4) If you completed the Specialty Tobacco Establishment or Tobacco Products Distribution Business exception form to the Philadelphia Clean Indoor Air Worker Protection Law (CIAWPL), attach it to the application.

5) The renewal application must be postmarked no later than November 1<sup>st</sup>, which is 60 days prior to the expiration of the permit. If the application is postmarked later than November 1<sup>st</sup>, you must resubmit a new application fee of \$50 and renewal fee of \$50.

6) Mail or bring the application to the Department of Public Health, Environmental Health Services, 321 University Avenue, 2<sup>nd</sup> Floor, Philadelphia, PA 19104.

I hereby apply for a Tobacco Retailing Permit to operate at the establishment address given in this application in the City of Philadelphia. I declare subject to the penalties for unsworn falsification to authorities pursuant to 18 Pa. C.S. § 4904 that the information given on this form is true and correct. By signing this application I agree not to violate any federal, state or local tobacco laws.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Applicant's Title

\_\_\_\_\_  
Print Full Name

\_\_\_\_\_  
Date