City of Philadelphia
LIFE • LIBERTY • AND YOU™

Philadelphia Department of Public Health
Environmental Health Services
Tobacco Control Program
321 University Avenue, 2nd Floor
Philadelphia, PA 19104
215-685-7340

# Application for Tobacco Retailer Permit

❑ **New Permit** ❑**Renewal - Current Permit Number**_____

**SECTION 1** ESTABLISHMENT INFORMATION **One Permit is required for each location.**

Trade name _____

Address _____

Phone _____ Fax _____

Do you have an alternate address for your establishment? If yes please indicate here_____

Has your establishment been permitted by the city at the alternate address? ❑ Yes ❑No

Federal Employer ID #_____

Licensee as it appears on your Business Privilege License/Commercial Activity License (BPL/CAL)

_____

Mailing address if different from the establishment address

_____

Philadelphia BPL/CAL #_____ Philadelphia Business Tax #_____

**SECTION 2** ESTABLISHMENT TYPE (Circle the **one** that applies)

| | | |
|---|---|---|
| a) Chain Convenience | h) Laundromat | o) Corner Store |
| b) Drug Store (Independent) | I) Tavern/Bar | p) Beer Distributor |
| c) Drug Store (Chain) | j) Deli | q) Cigar Bar/Lounge |
| d) Supermarket | k) Gas Station | r) Cigar Shop/Tobacco Shop** |
| e) Eat In Restaurant | l) Check Cash | s) Beer to go |
| f) Take Out Restaurant | m) Grocery | t) Other _____ |
| g) Newsstand | n) Hookah Café/Lounge/Bar* | |

***Complete the Specialty Tobacco Establishment Exception Form to the Philadelphia Clean Indoor Air Worker Protection Law (CIAWPL), for smoking in the establishment.**

****Complete the Tobacco Products Distribution Business Exception Form to the Philadelphia Clean Indoor Air Worker Protection Law (CIAWPL), for smoking in the establishment.**

**The forms are located at http://www.phila.gov/health/permitsForms.html. Attach the form to your application.**

**SECTION 3** TYPE OF TOBACCO SOLD

1. Please circle all the types of tobacco you sell:

a) Cigarettes and/or little cigars d) Hookah g) Loose leaf j) Dissolvable tobacco
b) Snus e) Bidis h) Cigars k) Snuff (moist/dry)
c) Kreteks or clove cigarettes f) Chewing tobacco i) Cigarillos l) Pipe tobacco
m) Electronic Smoking Device***

***** E-cigarettes, e-cigars, e-hookahs, vape pens. This also includes e-cigarette atomizers, vaporizers, batteries, replacement cartridges and any solution manufactured for use with such devices**

**SECTION 4** 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.** Cash, personal or business checks are NOT accepted. **Please submit money orders or cashier's checks with "void by" dates greater than 180 days**. **Make the money order or cashier's check payable to City of Philadelphia**.

2) Retailers that sell cigarettes and/or little cigars are **required** to submit a copy of their **Cigarette Dealer License** from the Pennsylvania Department of Revenue. **Failure to submit your current license will cause your application not to be processed.**

3) Mail or bring the application to the address at the top of the application.

Name of person completing application_____

Contact number of person completing application_____

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