



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

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a) New permit c) Change of location e) New permit after permit was revoked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) Change of ownership

SECTION 1 ESTABLISHMENT NAME AND LOCATION

Establishment name (as it appears on your City of Philadelphia Business Privilege License/
Commercial Activity License)

Street address _____

City, state, zip _____

Establishment phone _____ Fax _____

Alternate name of establishment (i.e., doing-business-as, DBA, other name under which
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 phone number _____

Philadelphia Business License # _____ Philadelphia Business Tax # _____
(as it appears on your City of Philadelphia Business Privilege License/Commercial Activity License)

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 phone number _____

Philadelphia Business License # _____ Philadelphia Business Tax# _____
(as it appears on your City of Philadelphia Business Privilege License/Commercial Activity License)

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 form to you 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. 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 |

*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 Electronic Smoking Devices* or Unapproved Nicotine Delivery Products?**

- Yes No

*Electronic Smoking Devices are devices which simulate tobacco smoking and are 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 products) that have 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 or personal or business checks. 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.

3) All retailers are **required** to submit a copy of their **Tax Clearance Certificate**. On the Philadelphia Revenue Department website (<http://www.phila.gov/revenue>), select Tax Clearance on the home page, accept the terms of use, select Tobacco Retailer as the compliance type, and enter the required information.

4) If you completed the Specialty Tobacco Establishment or Tobacco Products Distribution Business exception form, attach it to the application.

5) Mail or bring the application to the Department of Public Health, Environmental Health Services, Tobacco Control Program, 321 University Avenue, 2nd 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