

Prevention and Health Promotion

Tobacco Retail License Renewal Application

License Renewal – Date: ____/____/____
MM DD YYYY

Existing Business, New Owner – Date Effective: ____/____/____
*Proof of change of ownership required MM DD YYYY

Office use only:

Facility #: _____

Business Information *(Please print or type)*

Organization Name: _____

Doing Business as: _____

Have you changed the name of the Business? Yes No Store #: _____

Business Email: _____ Business Phone: _____

Business Website Address: _____

Days and Hours of Operation: _____

Address Line 1: _____

Address Line 2: _____

City: _____ State: _____ Zip: _____

Total Annual Tobacco Sales: \$0–\$100,000 \$100,001–\$249,000 \$250,000–\$399,999 \$400,000–\$699,000
 \$700,000 and up

Number of Employees: 1-4 5-9 10-24 25-99 100-249 250+

Business Type (Check all that apply)

Bar/Restaurant Convenience Store Gas Station Grocery Store Liquor Store Pharmacy
 Tobacco Shop Vape Shop Other: _____

Products Sold (Check all that apply)

Cigarettes Little Cigars Large Cigars Smokeless Tobacco Loose Tobacco Blunt Wraps
 E-cigarettes/Nicotine Vaping Products Hookah or Shisha Other Products: _____

Retail Business Owner

First Name: _____ Middle Name: _____ Last Name: _____

Organization Name: _____ Business Phone: _____

Business Address 1: _____ Mobile Phone: _____

Business Address 2: _____

City: _____ State: _____ Zip: _____ Email: _____

Preferred Contact Method: _____

Please complete the following section to help Multnomah County serve the retailer community.

Preferred Language: English Korean Chinese Russian Somali Spanish Vietnamese
 Other: _____

What is your race or origin? Mark as many boxes as appropriate.

African Latino/Hispanic Native Hawaiian or Pacific Islander Black/African American Slavic Asian
 Middle Eastern Native American or Alaska Native White Decline to answer Other: _____

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Applicant Same as Retail Business Owner

First Name: _____ Middle Name: _____ Last Name: _____
 Organization Name: _____ Business Phone: _____
 Address Line 1: _____ Mobile Phone: _____
 Address Line 2: _____
 City: _____ State: _____ Zip: _____ Email: _____
 Preferred Contact Method: _____

Billing Contact Same as Retail Business Owner

First Name: _____ Middle Name: _____ Last Name: _____
 Organization Name: _____ Business Phone: _____
 Address Line 1: _____ Mobile Phone: _____
 Address Line 2: _____
 City: _____ State: _____ Zip: _____ Email: _____
 Preferred Contact Method: _____

Affirmation

Every application for a Tobacco Retail License shall include a signed affirmation that the Retail Business Owner is informed of the laws affecting the Tobacco Retail License pursuant to Multnomah County Code Section 21.564. A signed affirmation is required for each address where tobacco products are made available for retail sale or exchange. It is the Retail Business Owner's responsibility to ensure that all employees and retail associates who sell tobacco products are informed of and trained to comply with all federal, state and local tobacco retail laws pertaining to the license. Educational materials regarding federal, state and local tobacco retail laws have been provided with this application for your information.

I, (Print Retail Business Owner's full name) _____, have been informed of the tobacco laws affecting the Multnomah County tobacco retail license and will train all staff who sell tobacco products on these laws.

Retail Business Owner Signature

Date

To Submit a Renewal Application and \$683 License Fee

(Completed application and payment is required to process your application)

By Mail: Send a completed application with a check or money order in the amount of \$683 to:
 Tobacco Control and Prevention Program, ATTN: TRL, 847 NE 19th Ave, Ste 350, Portland OR 97232.

Checks payable to: Multnomah County.

*Business office hours: Monday through Friday, 8:00am - 5:00pm. Closed all major holidays.

Questions: Please contact us at 503-988-4163 or visit mhealthinspect.org.