

# Environmental Health Services

## Tobacco Retail License Renewal Application

- License Renewal – Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YYYY
- Existing Business, New Owner – Date Effective: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YYYY  
*\*Proof of change of ownership required*

**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: \_\_\_\_\_ Business Fax: \_\_\_\_\_

Days and Hours of Operation: \_\_\_\_\_

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Total Annual Tobacco Sales:  \$0–\$399,000  \$400,000–\$699,000  \$700,000 and up

Number of Employees:  1-9  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: \_\_\_\_\_

# Environmental Health Services

**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:  
 Environmental Health Services, ATTN: TRL, 847 NE 19th Ave, Ste 350, Portland OR 97232.

**In Person:** Drop off a completed application with check, money order, or cash in the amount of \$683 to:  
 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](http://mhealthinspect.org).