



PUBLIC HEALTH  
Prevent. Promote. Protect.  
ENVIRONMENTAL HEALTH  
SECTION

# Tobacco Retailer's License Application

## Lane County Code Chapter 9 Tobacco Regulations

Establishment ID \_\_\_\_\_ Owner ID \_\_\_\_\_

DO NOT WRITE IN THE SPACE ABOVE

This Application is for:  New License  Annual Renewal  Change of Ownership  I do not sell Tobacco Products

### **Business Information**

Business Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

Manager's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Manager's Mailing Address: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Have all employees been trained in the applicable laws regarding tobacco retail? Yes \_\_\_\_\_ No \_\_\_\_\_  
(See enclosed employee agreement form)

### **For New Locations Only**

Is the business location more than 1,000 feet from a public school? Yes \_\_\_\_\_ No \_\_\_\_\_  
Lane Code 9.754(1)(a)(b)

### **Owner Information**

(List the name, phone number and address of each Proprietor. If licensee is a legal entity (Corporation, LLC, etc.) an authorized person must sign for the entity.)

#1 Owner Name/Authorized Agent \_\_\_\_\_ Address: \_\_\_\_\_

#1 Owner Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

#2 Owner Name/Authorized Agent \_\_\_\_\_ Address: \_\_\_\_\_

#2 Owner Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**Signature of Applicant**

**Date**

### **TOBACCO LICENSE FEE –**

**New and Renewing Retailer \$200.00 or Renewing Retailer under the Qualified Incentive Program \$125.00**

(Payable upon receipt)

Make Check Payable to :

Lane County Environmental Health  
151 W. 7<sup>th</sup> Ave., Ste. 430  
Eugene, OR 97401

### **Office Use Only**

Fee received \_\_\_\_\_ Receipt # \_\_\_\_\_ Date \_\_\_\_\_

**Complete, sign and mail this application with the appropriate fees. Thank you.**