

## **Certified Cigar Bar Contact Information Update Form**

Complete this form to update Cigar Bar's contact information. **E-mail the completed form to** <u>ICAA.certification@dhsoha.state.or.us</u>

Cigar Bar Name		Cigar Bar Phone	
Cigar Bar Street Address	City	State	Zip Code
County where Cigar Bar is located			
Business Name (if different from Cigar Bar Name)		Business Phone	
Mailing Address (if different from Cigar Bar Street Address)	City	State	Zip Code
Primary Contact Person Name and Title		Primary Contact Person Phone	
Primary Contact Person E-mail Address			
Cigar Bar Owner		Cigar Bar Owner Phone	
Cigar Bar Owner Signature		Date	