

#### **Instructions for Applying for Cigar Bar Certification**

The Oregon Indoor Clean Air Act (ICAA) [ORS 433.835 - 433.990] prohibits smoking in almost all public places and places of employment. Cigar smoking is permitted in a business that qualifies as a cigar bar under ORS 433.835. Cigar bars must meet certain criteria and abide by specific rules to permit cigar smoking indoors [ORS 433.835 and 433.850; OAR 333-015-0066].

To apply for certification as a cigar bar, submit the following documentation in one packet

to the Oregon Health Authority (OHA): **1.** A completed OHA Application for Cigar Bar Certification, including the notarized affidavit. 2. A copy of the cigar bar's full on-premises liquor sales license issued by the Oregon Liquor Control Commission under ORS 471.175. 3. A copy of the floor plan submitted to the Oregon Liquor Control Commission for the cigar bar's full on-premises liquor sales license. The floor plan must include a detailed seating chart that shows a maximum seating capacity of no more than 40 persons. 4. Documentation demonstrating that the business has a ventilation system that exhausts smoke from the business and that is designed and terminated in accordance with the state building code standards for the occupancy classification in use: **A.** A copy of the cigar bar's certificate of occupancy; and **B.** Official documentation from the building authority with jurisdiction that the business was approved as a smoking lounge (if the certificate of occupancy does not show that the business was approved as a smoking lounge). 5. Photographs or copies of signs prohibiting persons under 21 years of age from entering the premises. **6.** A completed and signed OHA Secondhand Smoke Document, which explains the dangers of exposure to secondhand smoke, for each cigar bar employee. This document is available at https://www.oregon.gov/ or can be provided after sending Form request to ICAA.certification@dhsoha.state.or.us. **7.** Financial documentation demonstrating that the cigar bar generated on-site retail sales of cigars of at least \$5,000 in the calendar year 2006. Such documentation may

All required documentation must be included for OHA to consider the cigar bar's application for certification.

communicate with OHA on behalf of the cigar bar.

include cash register tapes, inventory receipts, and purchase orders.

**8.** Authorization Form (optional) listing additional individuals authorized to



#### **Application Review and Notification Process** [OAR 333-015-0066(3)]

OHA will review the application materials within 30 days of receipt to determine whether the application is complete. If the application is incomplete, OHA will send a notice of incomplete application to the e-mail and/or mailing address provided in the application.

Within 10 days of declaring the application complete, OHA will either grant the cigar bar certification or deny the application.

OHA may deny an application for cigar bar certification and prohibit an applicant from reapplying for up to two years if the applicant provides information that is false or deliberately misleading.

OHA reserves the right to request additional information after certification to determine the cigar bar's compliance with the ICAA.

Include a separate application packet for each cigar bar. Keep a copy of all application materials for your records.

E-mail the completed application packet to <a href="ICAA.certification@dhsoha.state.or.us">ICAA.certification@dhsoha.state.or.us</a>. All required documentation and all supporting documents must be submitted as <a href="mailto:one-packet">one-packet</a> to consider the business's application for cigar bar certification.



# 1. Application for Cigar Bar Certification

Complete the entire application and submit all required materials (<u>listed on page 1 of the instructions</u>) in one packet. The application must be signed and include a current e-mail and mailing address. Keep a copy of all application materials for your records.

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		



# 2. Notarized Affidavit

I,	, am the	of			
	(First Name Last Name)	(Title)			
		wledge necessary to attest that the cigar			
bar:	(Cigar Bar Name)				
our.					
	• Has on-site sales of cigars as defined in C	Has on-site sales of cigars as defined in ORS 323.500;			
	• Has a humidor on the premises;				
	<ul> <li>Prohibits the smoking of all tobacco products other than cigars;</li> </ul>				
	Prohibits persons under 21 years of age from entering the premises;				
	<ul> <li>Does not offer video lottery games on the premises;</li> </ul>				
	<ul> <li>Has a maximum seating capacity of 40 persons; and</li> <li>Generated on-site retail sales of cigars of at least \$5,000 in the calendar year</li> </ul>				
	2006.	2006.			
Printed N	Name of Affiant Date	e			
Signature	e of Affiant Date	<u> </u>			
State of	· · · · · · · · · · · · · · · · · · ·				
County	of)				
This ins	strument was acknowledged before me on (date)	by			
(name o	of person)				
Signatu	re of notarial officer:	(seal)			
My con	nmission expires:				



# 3. Authorization Form (optional)

Use this form to list any individuals, other than the manager or the owner listed on the application form, who are authorized to communicate with OHA regarding this business's cigar bar certification. OHA will only accept information and requests on behalf of the cigar bar from the individuals listed here and on the application form. You may add more lines to this form if necessary.

(First Name Last Name)	(Title)
(First Name Last Name)	(Title)
(First Name Last Name)	(Title)
(First Name Last Name)	(Title)
The persons listed above are author	rized to communicate with OHA on behalf of
(Cigar Bar Name)	and to take action regarding this business's cigar bar
-	nded by the business owner at any time.
Printed Name of Owner	
Signature of Owner	Date