

Instructions for Transferring Smoke Shop Type B Certification with Ownership Smoke Shops Certified under ORS 433.847(2)(b) and OAR 333-015-0056(b)

The Oregon Indoor Clean Air Act (ICAA) [ORS 433.835-433.875 and 433.990(5)] prohibits smoking in almost all public places and places of employment. Smoking is permitted in businesses that meet certain requirements, including certified smoke shops. The ICAA requires the Oregon Health Authority (OHA) to maintain a certification system for smoke shops.

Smoke shops must be certified by OHA and abide by specific requirements to permit smoking indoors [ORS 433.835 - 433.850 and OAR 333-015-0068]. Certification is only valid for the specific location, owner, and business entity authorized by OHA. It is a violation of the law to smoke or allow smoking in a non-certified smoke shop.

Certification may not be transferred from one business to another. Smoke shop certification may only be transferred along with ownership of the business entity itself. When a certified smoke shop changes ownership, the certificate holder and the new owner of the business must comply with the rules governing transfer of certification with ownership to transfer certification to the new owner. [ORS 433.847(5) and OAR 333-015-0061]

Smoking is not permitted on the premises of a smoke shop operating under different ownership until the Authority issues an updated certification to the new owner. [OAR 333-015-0061(1)]

The following documentation must be submitted to OHA to transfer smoke shop certification to the new owner of a business certified under ORS 433.847(2)(b). [OAR 333-015-0061(2)]:

- A completed application for transfer of ownership on a form provided by the Authority identifying the new proposed owner of the smoke shop;
- Registration with the Oregon Secretary of State, Corporation Division where applicable; and
- A notarized, sworn statement attesting that the business will continue to meet the
 certification renewal requirements described in OAR 333-015-0059 under the new
 ownership.

Application Review and Notification Process

If the application is incomplete, OHA will notify the applicant and request documentation to complete the application.

Once the application is complete, OHA will then send a letter to the mailing address provided in the application granting or denying the change of certification location.

OHA may deny transfer of ownership of a smoke shop C if the applicant does not submit required the documentation under 333-015-0061(2), the proposed owner has a history of



noncompliance with the ICAA or rules, or the applicant provides information that is false or deliberately misleading. [OAR 333-015-0061(4)]

OHA may request additional information after transfer of certification to determine the smoke shop's compliance with the ICAA.

Additional Requirements and Notes

Within 120 days of the Authority issuing an updated certification under section (3) of this rule, the new owner must submit to the Authority updated financial documentation required in OAR 333-015-0058 for the first 90 days of operation under the updated certification, including but not limited to a sales report demonstrating that at least 75 percent of the smoke shop's gross revenue during the first 90 days of operation was derived from the sale of tobacco products or smoking instruments. [OAR 333-015-0061(4)].

A smoke shop's complaint and violation history does not reset when a business changes location or transfers certification with ownership. OHA will treat new complaints received or violations observed at the new location or under new ownership as continuations of the smoke shop's total complaint and violation record.

Smoke shop certification is limited to the location indicated in the smoke shop's certification file. If you plan to move (change location) the smoke shop after receiving certification, you must seek a transfer of certification to the new location before permitting smoking on the premises. [OAR 333-015-0061(5)].



1. Application for Transfer of Smoke Shop Type B Certification with Ownership

Complete the entire application and submit all requested materials to OHA in one packet. The application must be signed and include a current e-mail and mailing address.

To change the location of the smoke shop, submit a separate Change of Location Application.

Smoke Shop Name	Smoke Shop Former Name (if applicable)		
Smoke Shop Street Address	City	State	Zip Code
County where Smoke Shop is located			
Business Name (if different from Smoke Shop Name)		Business Phone (if different)	
New Business Owner		New Business Owner Phone	
Mailing Address (if different from Smoke Shop Street Address)	City	State	Zip Code
New Business Owner Signature		Date	
New Primary Contact Person Name and Title		Primary Contact Person Phone	
New Primary Contact E-mail address			
Former Business Owner		Former Busi	ness Owner Phone
Former Business Owner Signature		Date	



2. Notarized Affidavit from New Business Owner

I,	, am the)	of
-	(New Owner First and Last Name)	(Title)	_
		ve the knowledge necess	sary to attest that the
	(Smoke Shop Name)		
busi	ness, as operated under my ownership, w	ill:	
	Be primarily engaged in the sale of derive at least 75 percent of its ground its ground in the sale of the sa	*	_
	• Prohibit persons under 21 years of	f age from entering the p	premises;
	• Not offer video lottery games, soc	ial gaming or betting on	the premises;
	 Not sell or offer food or beverages consumption; 	s, including alcoholic be	verages, for on-premises
	Not allow on-premises consumpti	on of alcohol;	
	 Not allow cigarette smoking on the shop's gross revenue is derived from 	*	*
	• Be a stand-alone business with no the premises.	other businesses or resi	dential property attached t
	clare under penalty of perjury that the wledge, information and belief.	foregoing is true and	correct to the best of my
Drinte	ed Name of Affiant	Date	
111110	ed Name of Amant	Date	
Signa	ature of Affiant	Date	
State	e of)		
	nty of)		
	instrument was acknowledged before me	e on (date)	by
(nan	ne of person)		
Sign	nature of notarial officer:		



NΛ	commission expires:	(seal)	١
IVIV	Commission expires.	(Sear	,
			/	/



3. Notarized Statement from **Current** Certificate Holder

I, (Current Certificate Holder First and Last Name)	_, am the indiv	idual currently listed as	the owner of
(Current Certificate Holder First and Last Name)		·	
(Smoke Shop Name)	_ in this busine	ss's smoke shop certific	cation file with
the Oregon Health Authority. I transferred of	or will transfer of	ownership of this smoke	e shop to
OnOn	(Date)	Upon transferring the	e business on
that date, I hereby relinquish my claims to _			
certification, as well as any rights or priviles			
Printed Name of Current Certificate Holder	_		
Signature of Current Certificate Holder	Date		-
State of)			
County of)			
This instrument was acknowledged before n	ne on (date)		_ by
(name of person)		·	
Signature of notarial officer:			
My commission expires:			(seal)



4. Proof of Transfer of Ownership

Submit the following documentation to demonstrate that ownership of the smoke shop has been transferred from the smoke shop's current certificate holder to the new business owner listed on the transfer application form:

1.	Proof that ownership has been transferred, such as a sales slip or contract. Describe the type of documentation enclosed:		
	; and		
2.	A copy of the smoke shop's updated registration with the Oregon Secretary of State, Corporation Division, unless not required to register.		
	Check one of the following:		
	Copy of updated business registration reflecting the new business owner is enclosed.		
	Business is not required to be registered with the Secretary of State (uncommon).		



5. Authorization Form (optional)

Use this form to list any individuals, other than the smoke shop manager or the new business owner listed on form 1 of this application packet, who are authorized to communicate with OHA regarding this business's smoke shop certification. OHA will only accept information and requests on behalf of the smoke shop from the individuals listed here and on the transfer application form. You may add more lines if necessary.

Individual #1	
Last name, first name	Title
Email address	Phone number
Individual #2	
Last name, first name	Title
Email address	Phone number
The persons listed above are authori	zed to communicate with OHA on behalf of
an (Smoke Shop Name)	nd to take action regarding this business's smoke shop
certification. This list may be amend	ded by the business owner at any time.
Printed Name of Owner	
Signature of Owner	Date



Application Checklist

materials are missing or incomplete, you will receive a notice of incomplete application.
 1.OHA Application for Transfer of Smoke Shop Certification with Ownership
 2.Notarized Affidavit from New Owner
 3.Notarized Statement from Current Certificate Holder
 4.Proof of Transfer of Ownership
 5. Authorization Form (optional)
 Within 120 days of the date transfer of certification is granted, the new owner must submit a completed Smoke Shop B Post-Transfer Financials Form packet, including sales receipts, demonstrating that at least 75 percent of the smoke shop's gross revenue during the first 90 days of operation under the new ownership was derived from the sale of

Items 1 - 4 must be completed and included in the application packet submitted to OHA. If any

tobacco products or smoking instruments intended for off-premises consumption or use.