



## **Instructions for Applying for Smoke Shop Type A Certification\***

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.

The ICAA requires the Oregon Health Authority (OHA) to establish and enforce 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 333-015-0056 to 0061]. It is a violation of the law to smoke or allow smoking in a non-certified smoke shop.

**\*Note: This application form is for applicants for new smoke shops under ORS 433.847(2)(a). Do not use this application for certification or re-certification of smoke shops under 433.847(2)(b) or 433.847(2)(c).**

A business may apply for smoke shop Type A Certification by submitting the following to OHA:

- A complete application form
- A notarized, sworn statement attesting that the business:
  - Is primarily engaged in the sale of tobacco products and smoking instruments intended for off-premises consumption or use, and derives at least 75 percent of its gross revenue from such sales;
  - Prohibits persons under 21 years of age from entering the premises;
  - Does not offer video lottery games as authorized under ORS 461.217, social gaming, or betting on the premises;
  - Does not sell or offer food or beverages, including alcoholic beverages, for on-premises consumption;
  - Does not allow on-premises consumption of alcoholic beverages;
  - Has a maximum seating capacity of no more than four persons;
  - Allows the smoking of tobacco product samples only for the purpose of making retail purchase decisions, in a manner that complies with ORS 180.486 and 431A.175; and
  - Does not allow the smoking, aerosolizing or vaporizing of inhalants that are not tobacco products.
- Documentation of the business's sales, broken down by category of product;
- Evidence, such as photographs, of signs required under OAR 333-015-0040(6).
- A building map and photographs of the premises demonstrating that the business is a stand-alone business;
- A site map and photographs of the premises that denotes maximum seating capacity and includes a detailed seating chart; and
- Any other documentation, as specified in the application form, necessary to demonstrate compliance with the ICAA or rules.

To obtain a smoke shop certification, a business must agree to allow OHA to make unannounced inspections of the business to determine compliance with ORS 433.835-433.875 [ORS 433.847(8)].



Smoke shops must post signs at each entrance and exit clearly stating that (OAR 333-015-0040(6)):

- Smoking is allowed on all or part of the premises;
- Anyone under the age of 21 is prohibited from entering the premises;
- It is unlawful to sell tobacco products or inhalant delivery systems to anyone under the age of 21;
- Cigarette smoking is prohibited on the premises, in a smoke shop where cigarette smoking is not allowed under these rules;
- Smoking, aerosolizing or vaporizing of inhalants that are not tobacco products is prohibited; and
- On-premises consumption of alcohol is prohibited.

OHA may reject an application if the application is incomplete. An application may be considered incomplete if the application form is incomplete or any required information or documents are not submitted. [OAR 333-015-0057(1)].

OHA shall deny an application for smoke shop certification if it fails to satisfy any requirement in OAR 333-015-0057(2)(a) [OAR 333-015-0057(2)(b)]

OHA may refuse to issue an application for smoke shop certification and prohibit an applicant from reapplying for up to two years if the applicant provides information that is false or deliberately misleading. [OAR 333-015-0057(5)]

**E-mail the completed application packet to [ICAA.certification@dhsosha.state.or.us](mailto:ICAA.certification@dhsosha.state.or.us). All required documentation and all supporting documents must be submitted as one PDF document (attachment). All required documentation must be included for OHA to consider the business's application for smoke shop certification. A separate application packet must be submitted for each smoke shop location.**

**The application packet contains the following parts.** Complete the entire application packet and submit all requested materials together. Keep a copy of all application materials for your records.

- 1. OHA Application for Smoke Shop Certification**
- 2. Notarized Affidavit** signed by the owner or manager listed on the OHA Application for Smoke Shop Certification or another individual listed on the Authorization Form.
- 3. Gross Revenue Documentation**
- 4. Signs**
- 5. Stand-alone Business Documentation**
- 6. Site Map and Seating Chart**
- 7. Authorization Form** (*optional*)





## 2. Notarized Affidavit

I, \_\_\_\_\_, am the \_\_\_\_\_ of  
 \_\_\_\_\_ and have the knowledge necessary to attest that the  
 \_\_\_\_\_  
 business:

- Is primarily engaged in the sale of tobacco products and smoking instruments intended for off-premises consumption or use, and derives at least 75 percent of its gross revenue from such sales;
- Prohibits persons under 21 years of age from entering the premises;
- Does not offer video lottery games as authorized under ORS 461.217, social gaming, or betting on the premises;
- Does not sell or offer food or beverages, including alcoholic beverages, for on-premises consumption;
- Does not allow on-premises consumption of alcoholic beverages;
- Has a maximum seating capacity of no more than four persons;
- Allows the smoking of tobacco product samples only for the purpose of making retail purchase decisions, in a manner that complies with ORS 180.486 and 431A.175; and
- Does not allow the smoking, aerosolizing or vaporizing of inhalants that are not tobacco products.

**I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge, information and belief.**

\_\_\_\_\_  
 Printed Name of Affiant Date

\_\_\_\_\_  
 Signature of Affiant Date

State of \_\_\_\_\_ )

County of \_\_\_\_\_ )

This instrument was acknowledged before me on (date) \_\_\_\_\_ by

(name of person) \_\_\_\_\_.

Signature of notarial officer: \_\_\_\_\_

My commission expires: \_\_\_\_\_ (seal)



### 3. Gross Revenue Documentation

Use this form to document and demonstrate that at least 75 percent of the smoke shop’s gross revenue *over the past 90 days* resulted from the sale of tobacco products or smoking instruments intended for off-premises consumption or use.

- In column 1, include all sales categories and make sure they are clearly labeled.
- In column 2, report the gross revenue for each category of product sold.
- Attach additional copies of this form if you need more space.

\_\_\_\_\_  
Smoke Shop Name Smoke Shop Phone

\_\_\_\_\_  
Mailing Address City State Zip Code

#### Report of Gross Revenue

Enter the time period covered: (mm/dd/yyyy) \_\_\_\_\_ to \_\_\_\_\_

<u>COLUMN 1</u> Category of Product Sold	<u>COLUMN 2</u> Category Revenue Total
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
<b>Total gross revenue:</b>	\$

Total revenue from tobacco products and/or smoking instruments: \$ \_\_\_\_\_

Percentage of **total gross revenue** resulting from tobacco product and/or smoking instrument sales: \_\_\_\_\_%

#### 4. Signs

Submit evidence, such as photographs, of:

- Signs clearly stating that smoking is allowed on all or part of the premises;
- Signs clearly stating that it is unlawful to sell tobacco products or inhalant delivery systems to anyone under the age of 21;
- Signs clearly stating that persons under 21 years of age are prohibited from entering the smoke shop premises;
- Signs clearly stating that cigarette smoking is prohibited on the premises (in smoke shops where cigarette smoking is not allowed under ORS 433.847);
- Signs clearly stating that smoking of inhalants that are not tobacco products is prohibited, and
- Signs clearly stating that on-premises consumption of alcohol is prohibited.

All signs used to describe whether smoking is prohibited or allowed in a place of employment or public place **shall be placed at a height and location easily seen by a person entering the establishment** and shall not be obscured in any way (OAR 333-015-0040(7)).

List the types of evidence submitted with the application (*e.g., photographs, copies of signs*):

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## 5. Current Stand-alone Business Documentation

Documentation, such as photographs, demonstrating that the smoke shop is presently a stand-alone business with no other businesses or residential property attached (OAR 333-015-0056(4)).

Photographs must show of all sides of the building, be **dated and labeled**, and must clearly demonstrate that the smoke shop is not attached to any other businesses or residential properties.

**At a minimum**, submit photographs of the following:

- Front side of the building.
- Back side of the building.
- Right side of the building.
- Left side of the building.
  
- Date and label all photos.

## **6. Site Map and Seating Chart**

Submit:

- 1) A site map, such as a floor plan, of the smoke shop premises; and
- 2) A detailed seating chart.

Indicate the maximum seating capacity of the smoke shop: \_\_\_\_\_ patrons





### 7. Authorization Form (optional)

Use this form to list any individuals, other than the manager or the 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 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 authorized to communicate with OHA on behalf of \_\_\_\_\_ and to take action regarding this business's smoke shop certification. This list may be amended by the business owner at any time.

(Smoke Shop Name)

\_\_\_\_\_  
Printed Name of Owner

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

## Application Checklist

Items **1 – 6** must be included in the application packet submitted to OHA. If any materials are missing or incomplete, you will receive a notice of incomplete application.

- 1. Application for Smoke Shop Certification
- 2. Notarized Affidavit
- 3. Gross Revenue Documentation
- 4. Signage Documentation
- 5. Stand-alone Business Documentation
- 6. Site Map and Seating Chart
- 7. Authorization Form (*optional*)

**E-mail the completed application packet to [ICAA.certification@dhsosha.state.or.us](mailto:ICAA.certification@dhsosha.state.or.us). All required documentation and all supporting documents must be submitted as one PDF document (attachment).**