



**Certified Smoke Shop Type B Annual Financial Documentation Form**

*(Smoke shops certified under Alternative Requirements for Businesses Existing on 12/31/2008)*

Each year, **by April 30**, a smoke shop must submit to OHA documentation of the smoke shop’s gross revenue for the past calendar year demonstrating that at least 75% of the gross revenue for the past calendar year is derived from the sale of tobacco products or smoking instruments. [OAR 333-015-0058(2)]. If OHA does not receive required financial documentation by April 30, OHA may take action to revoke or suspend your smoke shop certification or issue civil penalties.

Complete and submit both pages of this form.

- In column 1, clearly indicate all sales categories (use additional copies of the table, if needed).
- In column 2, report the gross revenue for each category.
- Enclose an aggregated sales report for the past calendar year identifying the amount of sales in each product category.**

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

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

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Name of preparer

\_\_\_\_\_  
Smoke Shop/Owner E-mail address

**Report of Gross Revenue**

**Enter the calendar year covered:** \_\_\_\_\_

COLUMN 1 <u>Category of Product Sold</u>	COLUMN 2 <u>Category Gross Revenue</u>
	\$
	\$
	\$
	\$
	\$
<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: \_\_\_\_\_%



**Notarized Affidavit**

I, \_\_\_\_\_, am the \_\_\_\_\_ of  
(First Name Last Name) (Title)

\_\_\_\_\_ and have the knowledge necessary to attest that this  
(Smoke Shop Name)  
smoke shop is primarily engaged in the sale of tobacco products and smoking instruments  
intended for off-premises consumption or use, and that it derived at least 75 percent of its gross  
revenue from such sales in \_\_\_\_\_.  
(Calendar Year)

**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 \_\_\_\_\_ by  
(Date)

\_\_\_\_\_  
(Name of Person)

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

My commission expires: \_\_\_\_\_

(seal)