



Instructions to Transfer Smoke Shop Certification to a Different Location:

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 of tobacco products 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 guidelines to permit smoking indoors [ORS 433.835 - 433.850 and OAR 333-015-0025 to 333-015-0085]. It is a violation of the law to smoke or allow smoking in a non-certified smoke shop.

Smoke shop certification is only valid for the location approved by OHA [OAR 333-015-0056(3)]. To change locations after becoming certified, a smoke shop must submit to OHA an Application for Change of Certified Smoke Shop Location with all required documentation. ***Smoking is not permitted on the premises of the new location until OHA issues an updated certification recognizing the new location*** [OAR 333-015-0061(5)].

To transfer smoke shop certification to a new location, submit the following documentation in one packet to OHA. All required documentation must be included for OHA to consider the smoke shop's application to change locations.

1. A completed application for transfer of location on a form provided by OHA,
2. A copy of the deed or rental lease for the new location, indicating that the business does not occupy more than 3,500 square feet; or
3. If the new location occupies more than 3,500 square feet, documentation demonstrating that the location where the shop was originally certified occupied more than 3,500 square feet and the square footage of the new location is more than 110% of the square footage of the original certification location;
4. Either of the following:
 - a. Documentation, such as a building map or photographs, demonstrating that the business presently is a stand-alone business with no other businesses or residential property attached, or
 - b. Documentation that the business has a ventilation system that exhausts smoke from the business and is designed and terminated in accordance with the state building code standards for the occupancy classification in use or a current certificate of occupancy and official documentation from the building authority with jurisdiction that the business was approved as a smoking lounge.
5. A notarized, sworn statement attesting that:
 - a. The smoke shop will cease to operate in the old location



- b. The smoke shop, as operated in the new location meets the certification renewal requirements described in OAR 333-015-0059.

Mail the completed hard-copy application packet to:

**Tobacco Prevention and Education Program
Attn: ICAA Smoke Shop Certification
Oregon Health Authority, Public Health Division
800 NE Oregon St., Ste. 730
Portland, OR 97232**

Applications are accepted by mail or hand delivery. Do not e-mail or fax application materials to OHA. If you would like to hand-deliver your application, you must make an appointment. **Hand-delivered applications will not be accepted without an appointment.** Call 971-673-0984 to make an appointment.

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.

Additional Requirements and Notes

OHA shall recognize a transfer of location of a smoke shop B and issue an updated certification if:

1. The smoke shop submits all required documentation,
2. The new location meets the square footage requirements,
3. The smoke shop meets the stand-alone business or ventilation requirements,
4. The smoke shop ceases operating in the original or current location, and
5. The smoke shop, as operated in the new location, meets the certification renewal requirements described in OAR 333-015-0059.

OHA may deny a transfer of location if the applicant allows smoking on the premises prior to receiving an updated certification from OHA or provides OHA information that is false or deliberately misleading. [OAR 333-015-0061(6)]

Additional Requirements and Notes

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



OHA may request additional information after granting a change of location to determine the smoke shop's compliance with the ICAA.

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 is authorized to conduct unannounced inspections of certified smoke shops to determine compliance with the ICAA and rules [ORS 433.847(8)].



1. OHA Application for Change of Certified Smoke Shop Location

Complete the entire application and submit all requested materials in one packet. The application must be signed and include a current mailing address. Keep a copy of all application materials for your records.

Note: If ownership of the smoke shop has changed, you must submit a separate OHA Application for Transfer of Certification with Ownership to transfer certification to the new owner.

Business Owner

Business Owner Phone

Smoke Shop Name

Smoke Shop Former Name (if applicable)

Mailing Address

City

State

Zip Code

Business Name (if different from Smoke Shop Name)

Business Phone (if different)

Primary Contact Person Name and Title

Primary Contact Person Phone

Primary Contact Person Email address

Current Location Information:

Smoke Shop Current Street Address

City

State

Zip Code

County where Smoke Shop is located



1. OHA Application for Change of Certified Smoke Shop Location (cont.)

Proposed Location Information:

Smoke Shop Street Address	City	State	Zip Code
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County

Signature and Date:

Applicant Name

Applicant Title

Applicant Signature

Date



2. Notarized Affidavit: Proposed Location

Notarized Affidavit:

I, _____, am the _____ of
First Name Last Name (Title)

_____ and have the knowledge necessary to attest that the
(Smoke Shop Name)

smoke shop will no longer allow smoking at the “Current Location” indicated above if and when OHA approves this application to transfer the business’s smoke shop certification to the “Proposed Location” indicated above.

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. Notarized Affidavit: Proposed Location

I, _____, am the _____ of
(First Name Last Name) (Title)

_____ and have the knowledge necessary to attest that the smoke
(Smoke Shop Name)

shop, as operated at _____:
(Proposed Location Street Address)

- Is primarily engaged in the sale of tobacco products and smoking instruments intended for off-premises consumption or use and derived 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;
- Allows the smoking of cigarettes only if at least 75 percent of the gross revenues of the business results from the sale of cigarettes.
- Is a stand-alone business or has a ventilation system, as required under the ICAA.

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)

4. Stand-alone Business *or* Ventilation Documentation

Choose one of the following two options to satisfy this requirement (ORS 433.847(2)). Submit either of the following:

- Option 1:** Photographs demonstrating that the smoke shop is presently a stand-alone business with no other businesses or residential property attached; *or*
- Option 2:** Documentation that the business has a ventilation system that exhausts smoke from the business and is designed and terminated in accordance with the state building code standards for the occupancy classification in use or a current certificate of occupancy **and** official documentation from the building authority with jurisdiction that the business was approved as a smoking lounge.

For option 1: 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

5. Copy of Deed or Rental Lease for the Proposed Location (must indicate square footage)

Submit a copy of the deed or rental lease for the proposed location. The deed or rental lease must indicate the square footage of the proposed new location.

6. Documentation of the square footage of the location originally certified by OHA (only required if the new location occupies more than 3,500 square feet)

Submit documentation of the square footage of the location originally certified by OHA if the new proposed location occupies more than 3,500 square feet.



Application Checklist

Items **1 – 6** must be included in the application packet submitted to OHA. If any materials are missing or incomplete, OHA will notify you that your application is incomplete.

- 1. OHA Application for Change of Certified Smoke Shop Location
- 2. Notarized Affidavit (current location)
- 3. Notarized Affidavit (proposed location)
- 4. Stand-alone Business or Ventilation Documentation
- 5. Copy of Deed or Rental Lease for the Proposed Location (must indicate square footage)
- 6. Documentation of the square footage of the location originally certified by OHA (only required if the new location occupies more than 3,500 square feet)