



### Smoke Shop Type B Post-Transfer Financials Form

To submit after transfer of smoke shop certification with ownership for smoke shops certified under ORS 433.847(2)(b) and OAR 333-015-0056(b)

Within 120 days of OHA issuing an updated certification for a transfer of ownership, the new owner must submit to OHA updated financial documentation for the first 90 days of operation under the updated certification 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)]

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 from 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 E-mail

#### Report of Gross Revenue

Enter the 90-day 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:  
\_\_\_\_\_ %

**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 derives at least 75 percent of its gross revenue  
from such sales.

**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)