



Instructions for Transferring Smoke Shop 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 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.

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.

Mail the completed application materials in one packet to OHA at the following address.

All required documentation must be included for OHA to consider the business's application to transfer the smoke shop certification to a new owner. Keep a copy of all application materials for your records.

**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.

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. OHA will treat new complaints received or violations observed at the new location as continuations of the business'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. OHA Application for Transfer of Smoke Shop 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 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

New Business Owner New Business Owner Phone

Mailing Address City State Zip Code
(if different from Smoke Shop Street Address)

New Business Owner Signature Date

Business Name (if different from Smoke Shop Name) Business Phone (if different)

New Primary Contact Person Name and Title New Primary Contact Person
Phone

Former Business Owner Former Business 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)

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

business, as operated under my ownership, will continue to:

- Be 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;
- Prohibit persons under 21 years of age from entering the premises;
- Not offer video lottery games as authorized under ORS 461.217, social gaming, or betting on the premises;
- Not sell or offer food or beverages, including alcoholic beverages, for on-premises consumption;
- Not allow on-premises consumption of alcoholic beverages;
- Allow the smoking of cigarettes only if at least 75 percent of the gross revenues of the business results from the sale of cigarettes, and
- Either be a stand-alone business or have a ventilation system as required by 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)



3. Notarized Statement from Current Certificate Holder

I, _____, am the individual currently listed as the owner of
(Current Certificate Holder First and Last Name)
_____ in this business’s smoke shop certification file with
(Smoke Shop Name)
the Oregon Health Authority. I transferred or will transfer ownership of this smoke shop to
_____ on _____. Upon transferring the business on
(New Owner First and Last Name) (Date)
that date, I hereby relinquish my claims to _____’s smoke shop
(Smoke Shop Name)
certification, as well as any rights or privileges deriving therefrom, from that date forward.

Printed Name of Current Certificate Holder

Signature of Current Certificate Holder

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. 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 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

6. Signature of Owner

Date

7. Application Checklist

Items **1 – 4** must be completed and included in the application packet submitted to OHA. If any 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 tobacco products or smoking instruments intended for off-premises consumption or use.

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.

Mail your 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**