



Certified Smoke Shop Type C Annual Financial Documentation Form

(Smoke shops that applied for certification before 6/30/2011 and were certified under ORS 433.847(2)(c) and OAR 333-015-0056(c))

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 Category of Product Sold	COLUMN 2 Category Gross Revenue
	\$
	\$
	\$
	\$
	\$
Total gross revenue:	\$

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, 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)