



Instructions to Transfer Smoke Shop Certification to a Different Location:
Smoke Shops Certified under ORS 433.847(2)(b) and OAR 333-015-0068(10)(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 333-015-0068]. 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 333-015-0068(4)]. To change locations after becoming certified, a smoke shop must submit an Application for Change of Certified Smoke Shop Location with all required documentation to OHA at least 30 days prior to permitting smoking at the new location. ***Smoking is not permitted on the premises of the new location until OHA certifies the new location*** [OAR 333-015-0068(10)(c)].

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 OHA Application for Change of Certified Smoke Shop Location, including notarized affidavit.
2. A notarized affidavit attesting that the smoke shop will meet the requirements for certification in the new location.
3. Documentation demonstrating that the new location either:
 - a. Is a **stand-alone building** with no other businesses or residential property attached to the premises; or
 - b. Has a **ventilation system** that complies with the state building code standards for a smoking lounge.
4. A copy of the deed or rental lease for the new location indicating square footage.
5. If the new location occupies more than 3,500 square feet, documentation of the square footage of the location originally certified by OHA.

Note: The square footage of the proposed new location may be no more than 110 percent of the square footage of the location at which the smoke shop was originally certified, and may not exceed 3,500 square feet unless the original location exceeded 3,500 square feet.



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 will only be accepted by mail. Do not e-mail or fax application materials to OHA.

Application Review and Notification Process

OHA will review application materials within 30 days of receipt to determine whether the application is complete. If the application is incomplete, OHA will send a letter requesting additional information to the mailing address provided in the application.

Within 15 days of declaring an application complete, OHA will determine whether the business qualifies for smoke shop certification in the new location. 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

A smoke shop's complaint and violation history remains with the business. 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 reserves the right to request additional information after granting a change of location to determine the smoke shop's compliance with the ICAA.

Certified smoke shops must post signs at each entrance and exit clearly stating that smoking is allowed on all or part of the premises, that sales of tobacco products and inhalant delivery systems to persons under the age of 21 are unlawful, and that anyone under the age of 21 is prohibited from entering the premises [OAR 333-015-0040(5)].

OHA is authorized to conduct unannounced inspections of certified smoke shops to determine their 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. If the smoke shop name is changing, include the new and current names on the “Smoke Shop Name” line. For example, “Smoke Shop 2 (formerly Smoke Shop 1).”

Smoke Shop Name

Smoke Shop Phone

Mailing Address

City

State

Zip Code

Business Name (if different from Smoke Shop Name)

Business Phone (if different)

Business Owner

Business Owner Phone

Primary Contact Person Name and Title

Primary Contact Person Phone

Current Location Information:

Smoke Shop Current Street Address

City

State

Zip Code

County where Smoke Shop is located

Smoke Shop Manager

Manager Phone



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

Smoke Shop Manager

Manager Phone

Signature and Date:

Applicant Name

Applicant Title

Applicant Signature

Date



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

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)



2. 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 _____, will:
(Proposed Location Street Address)

- Be primarily engaged in the sale of tobacco products and smoking instruments intended for off-premises consumption or use, and derive 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, social gaming or betting on the premises;
- Not sell or offer food or beverages, including alcoholic beverages for on-premises consumption. (On-premises consumption of food and beverages, excluding alcoholic beverages, is permitted.);
- Not allow cigarette smoking on the premises unless at least 75 percent of the smoke shop’s gross revenue is derived from the sale of cigarettes; and
- Either be a stand-alone business or have a ventilation system that meets the state building code standards for a smoking lounge.

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. Stand-alone Business *or* Ventilation Documentation

Choose one of the following two options to satisfy this requirement [check the box next to the option you choose]. Submit either of the following:

- Option 1:** Photographs demonstrating that the new location is a stand-alone building with no other businesses or residential property attached; *or*
- Option 2:** A certificate of occupancy **and**, if the certificate of occupancy does not specify that the new location has been approved to operate as a smoking lounge, official documentation from the building authority with jurisdiction that the new location has been approved to operate as a smoking lounge.

For option 1, include photographs of all sides of the building. The photographs must be dated and labeled, and must clearly show from each side that the proposed location for the smoke shop is not attached to any other buildings or enclosed areas. At a minimum, include photographs from the following four sides:

- 1) Front side of the building.
- 2) Back side of the building.
- 3) Right side of the building.
- 4) Left side of the building.

4. 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.

5. 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 – 5** must be 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 Change of Certified Smoke Shop Location
- 2. Notarized Affidavit
- 3. Stand-alone Business *or* Ventilation Documentation
- 4. Copy of Deed or Rental Lease for the Proposed Location (must indicate square footage)
- 5. 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)

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