



Instructions for Transferring Smoke Shop Certification with Ownership: Smoke Shop “B”
(Certified under Alternative Requirements for Businesses Existing on December 31, 2008)

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, including certified smoke shops. The ICAA requires the Oregon Health Authority (OHA) to maintain a certification system for smoke shops.

Smoke shops must be certified by OHA and abide by specific requirements to permit smoking indoors [ORS 433.835 - 433.850 and OAR 333-015-0068]. Certification is only valid for the specific location, owner, and business entity authorized by OHA. 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 333-015-0068(9)].

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) and OAR 333-015-0068(9)(b):

1. A completed OHA Application for Transfer of Smoke Shop Certification with Ownership;
2. A notarized affidavit from the new owner attesting that the business, as operated under the new ownership, will continue to meet the requirements for certification;
3. A notarized, sworn statement from the current certificate holder releasing all claims to the smoke shop certification to the new owner; and
4. Proof of transfer of ownership of the smoke shop, including, where applicable, updated registration with the Oregon Secretary of State, Corporation Division.

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 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 45 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, as operated under the new ownership, qualifies or will qualify as a smoke shop that is exempt from the indoor smoking prohibition under the ICAA. OHA will then send a letter to the current certificate holder and the new owner granting or denying the transfer of certification.

OHA may deny an application for smoke shop certification and prohibit an applicant from reapplying for up to two years if the applicant provides information to OHA that is false or deliberately misleading.

OHA reserves the right to request additional information after transfer of certification to determine the smoke shop's compliance with the ICAA.

Additional Requirements and Notes

After certification is transferred, the new certificate holder must submit financial documentation (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 [OAR 333-015-0068(9)(d)]. Use the [Smoke Shop B Post-Transfer Financials Form](#). **This documentation must be submitted within 120 days of the date the transfer of certification is granted.** For a full list of requirements to maintain smoke shop certification, visit www.healthoregon.org/smokefree.

A smoke shop's complaint and violation history remains with the business after transfer of certification. OHA will treat complaints received or violations observed under the new ownership as continuations of the complaint and violation record established under previous ownership.

Smoke shop certification is limited to the location indicated in the smoke shop's certification file. If you plan to move the smoke shop after receiving certification, you must notify OHA at least 30 days prior to moving and seek a transfer of certification to the new location before permitting smoking on the premises.



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.

If the smoke shop name will change upon transfer of certification and ownership, please include the new and current names on the “Smoke Shop Name” line. For example, “Smoke Shop 2 (formerly Smoke Shop 1).” To change the location of the smoke shop, submit a separate Change of Location Application.

Smoke Shop Name

Smoke Shop Phone

Smoke Shop Street Address

City

State

Zip Code

Mailing Address
(if different from Smoke Shop Street Address)

City

State

Zip Code

County where Smoke Shop is located

Smoke Shop Manager

Manager Phone

Business Name (if different from Smoke Shop Name)

Business Phone (if different)

Primary Contact Person Name and Title

Primary Contact Person Phone

Former Business Owner

Former Business Owner Phone

Former Business Owner Signature

Date

New Business Owner

New Business Owner Phone

New 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 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 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;
- Not permit cigarette smoking on the premises, unless the smoke shop has demonstrated to OHA that at least 75 percent of the smoke shop’s gross revenue results from the sale of cigarettes;
- 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. 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.



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.

_____	_____
(First Name Last Name)	(Title)
_____	_____
(First Name Last Name)	(Title)
_____	_____
(First Name Last Name)	(Title)
_____	_____
(First Name Last Name)	(Title)

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

Signature of Owner

Date

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

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**