



**Smoke Shop 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 333-015-0068(5)(b))*

Complete and submit both pages of this form to document and demonstrate that at least 75 percent of the smoke shop’s gross revenue *from the 90 days following the transfer of certification to a new owner* resulted from the sale of tobacco products or smoking instruments intended for off-premises consumption or use.

- In column 1, include all sales categories and make sure they are clearly labeled.
- In column 2, report the gross revenue from each category of product sold.
- Attach additional copies of this form if you need more space.
- Enclose sales receipts from the 90-day period.

\_\_\_\_\_  
Smoke Shop Name

\_\_\_\_\_  
Smoke Shop Phone

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

**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)