



Smoke Shop C Post-Transfer Financials Form

(To submit after transfer of smoke shop certification with ownership for smoke shops certified under ORS 433.847(2)(c) and OAR 333-015-0068(5)(c))

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.

- 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
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
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
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)