

# Klamath County Public Health

## Tobacco Retail License Application For the sale of tobacco products in Klamath County

New Tobacco Retail License    Tobacco Retail License Renewal    Change of ownership – Former business name

Business Name \_\_\_\_\_

Owner/Applicant Name \_\_\_\_\_

Federal Tax ID No. \_\_\_\_\_

Do you own other establishments licensed by the Health Dept.?  Yes  No

Name(s) \_\_\_\_\_

Owner Phone No. \_\_\_\_\_ Owner Cell No. \_\_\_\_\_

Primary Email \_\_\_\_\_

Business Physical Location \_\_\_\_\_

Business Mailing/Billing Address \_\_\_\_\_

Business Phone No. \_\_\_\_\_

Business Operating Hours \_\_\_\_\_

**Types of Tobacco Products Sold**    Cigarettes    Smokeless Tobacco    Large Cigars  
 Small Cigars/Cigarillos    Inhalant Delivery Systems (E-Cigarettes, Vape)  
 Devices that can be used to deliver tobacco products    Other \_\_\_\_\_

Number of Cash Registers \_\_\_\_\_

Preferred Language    English    Spanish    Other \_\_\_\_\_

Mail application and payment to:

Klamath County Public Health  
3314 Vandenberg Road  
Klamath Falls OR 97603

I agree to operate the above business in compliance with all local, state, and federal tobacco sales laws. I understand that failure to meet the requirements of Klamath County Ordinance 90.02 may result in denial of a Tobacco Retail License, fines, suspension or revocation of the license. I understand it is my responsibility to ensure all employees have been trained in the applicable laws regarding tobacco retail. By signing this application, I agree that the information provided on this form is accurate.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_