



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: _____

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

Name(s): _____

Owner Phone #: _____ Owner Cell #: _____

Primary Email: _____

Business Physical Location: _____

Business Mailing/Billing Address: _____

Business Phone #: _____

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 90.00 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: _____