

ULSTER COUNTY DEPARTMENT OF HEALTH
APPLICATION FOR PERMIT TO SELL OR DISTRIBUTE TOBACCO PRODUCTS

Complete, sign and return to: ULSTER COUNTY DEPARTMENT OF HEALTH ATTENTION: ENVIRONMENTAL HEALTH / TOBACCO 239 Golden Hill Lane Kingston, NY 12401-6441 Phone (845) 340-3010 / Fax (845) 340-3045	Renewal application must be submitted at least 30 days prior to April 1. <u>*All fields in this application must be completed or paperwork will be returned.</u>
FIRST YEAR APPLICATION FEE: \$0.00 Late Fee: \$25.00 Returned check fee: \$20.00	New Applicant <input type="checkbox"/> Expected Opening Date: _____ Permit Renewal <input type="checkbox"/> Ulster County Permit # _____

FACILITY INFORMATION

DBA (Doing Business As)		NYS Retail Dealer Certificate of Registration Identification Number			
Legal Name (Corporation Name)	Business Telephone Number		Business Fax Number		
Facility Street Address	Town/City	State	Zip Code		
		NY			
Facility Mailing Address	Town/City	State	Zip Code		
Type of Establishment (Check any and all that apply)					
<input type="checkbox"/> Restaurant/Bar <input type="checkbox"/> Convenience Store <input type="checkbox"/> Gas Station <input type="checkbox"/> Pharmacy <input type="checkbox"/> Supermarket/Grocer <input type="checkbox"/> Delicatessen <input type="checkbox"/> Tobacco Business <input type="checkbox"/> Liquor/Beverage Store <input type="checkbox"/> Retail/General Merch <input type="checkbox"/> Vape Shop <input type="checkbox"/> Other, Specify _____ <input type="checkbox"/> Vending Machine (Enter machine owner information) Name of owner _____					
Sticker # _____					

OWNER/OPERATOR INFORMATION

Applicant's Name: First		Last			
Permanent Mailing Address: No. and Street		City/Town		State	Zip Code
Email Address:					
Mail permit to:		Permanent Phone Number		Cellular Phone Number	
<input type="checkbox"/> Owner/Operator Address <input type="checkbox"/> Facility Mailing Address					

-- PLEASE COMPLETE THE BACK OF THIS FORM --

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**STATEMENT OF UNDERSTANDING AND RESPONSIBILITY OF THE ULSTER COUNTY LOCAL LAW NUMBER 6 OF 2015
CERTIFICATION (to be signed by owner/operator or corporation officer)**

I certify that I have read and understand the contents of the Ulster County Local Law Number 6 of 2015. I have reviewed this information with employees of the establishment and understand that as the legal vendor of tobacco products, I am responsible for any violations of Ulster County Local Law Number 6 of 2015 that are committed at the establishment.

Signature

Title

Date

Print Name



DID YOU REMEMBER TO:

1. Complete and sign application.
2. Provide a copy of NYS Retail Dealer Certificate of Registration.

FOR OFFICE USE (to be completed by Permit Issuing Officer)

Permit Issuing Officer: _____	Date: _____	
Permit Number: _____	Permit Issued: _____	Expiration Date: _____
Fee paid: _____	Comments: _____	