



# ULSTER COUNTY DEPARTMENT OF HEALTH

239 Golden Hill Lane, Kingston, NY 12401-6441, (845) 340-3010, Fax (845) 340-3045

**PATRICK K. RYAN**

*County Executive*

**CAROL M. SMITH, MD, MPH**

*Commissioner of Health*

Dear Tobacco Retail Establishment:

The "Ulster County Tobacco Licensing and Reduced Youth Exposure to Tobacco Law" requires all Tobacco Retail Establishments to obtain a Tobacco Retail License from Ulster County Department of Health (UCDOH) and to display the license prominently at a location where the Tobacco Products are sold that it is readily visible to customers. This Permit is required in addition to the New York State Retail Registration Certificate to sell tobacco products, which is required by State Law.

Enclosed is an application for a permit to sell or distribute tobacco products in Ulster County for the period beginning **April 1** and expiring **March 31**. The signed application must be submitted along with the following documentation. The application cannot be processed without it.

**--Copy of your NYS Retail Dealer Certificate of Registration**

If there are questions regarding this application, please contact James Rodden of this Department at (845) 340-3021 or at [jrod@co.ulster.ny.us](mailto:jrod@co.ulster.ny.us).

Return all of the above to:

Ulster County Department of Health  
Environmental Health Services Division  
239 Golden Hill Lane  
Kingston, NY 12401

**Website: [www.co.ulster.ny.us/health](http://www.co.ulster.ny.us/health)**

**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										
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; height: 15px;"></td> <td style="width:10%; height: 15px;"></td> <td style="width:10%; height: 15px;"></td> <td style="width:10%; height: 15px;"></td> <td style="width:10%; height: 15px;"></td> <td style="width:10%; height: 15px;"></td> <td style="width:10%; height: 15px;"></td> <td style="width:10%; height: 15px;"></td> <td style="width:10%; height: 15px;"></td> <td style="width:10%; height: 15px;"></td> </tr> </table>										
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 --

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

**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: _____	