



Application for a Retail Tobacco and Paraphernalia Sales License

Instructions:

1. Please provide the information requested in all applicable sections below.
2. Provide copies of the current and valid **Vendor's License** and **Retail Cigarette Dealer's License**
3. Provide documentation that all your employees completed a training program on legal requirements by the Norwood City Codified Ordinance Added Chapter 1761 (if applying for renewal)
4. Make a check or money order for **\$150.00** payable to **NORWOOD CITY BOARD OF HEALTH**
5. To prevent late charges, return the payment and signed application no later than **MARCH 1, 2023**
6. Return the payment, required documents, and signed application to:

**NORWOOD CITY BOARD OF HEALTH
ATTN: TOBACCO RETAIL LICENSE
2059 SHERMAN AVE.
NORWOOD, OH 45212**

This application must be completed and submitted to the Norwood City Board of Health by the Owner, Officer, or Partner having the legal authority to represent the facility or corporation applying for this tobacco product sales permit. Failure to complete this application and return the proper fee by the date shown above may result in a 25% penalty fee. It may also delay the issuance of a permit or a potential rejection of the permit application. Any sale or transfer of ownership of the permittee's business will require a new application and subsequent permit issuance. No transfer of any license/permit to another person shall be valid.

Business Name (DBA)		Federal Tax ID Number	
Business Address		Business Phone	
City	State	Zip Code	
Business Email		Owner Name	
Permit Should Be Mailed to (check one)			
Business Address <input type="checkbox"/>		Owner Address. <input type="checkbox"/>	
Owner Name		Corporation Name (if applicable)	
Owner Address		Owner Phone	
Owner City	Owner State	Owner Zip Code	
Owner Email		Owner Date of Birth	



If the owner is a corporation or partnership, list all partners and/or corporate members here:(additional table is provided below if more space is needed)

Name	Title	Date of Birth
Name	Title	Date of Birth
Name	Title	Date of Birth

As a retailer of tobacco products, by signing this application, I at this moment certify that:

- I understand and agree to abide by all requirements of Norwood City Codified Ordinance Added Chapter 1761
- The information in this application is accurate and true, and I am the Owner, Officer, or Partner for the facility indicated above.
- I understand that the permit fee is not refundable and that this application may be denied based on provisions specified in Norwood City Codified Ordinance Added Chapter 1761.
- I understand that I must maintain a copy of the Permit to Engage in the Retail Sales or Distribution of Tobacco Products on the premises and display the required program signage issued to me in a prominent location at or near the point of sale of any tobacco products on the premises.
- I currently have a valid vendor's license as required by the Ohio Department of Taxation and, if applicable, a current and valid Retail Cigarette Dealer's License.

Signature	Printed Name	Date
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Partners and/or corporate members list (continued)

Name	Title	Date of Birth
Name	Title	Date of Birth
Name	Title	Date of Birth
Name	Title	Date of Birth
Name	Title	Date of Birth
Name	Title	Date of Birth

FOR OFFICE USE ONLY

\$ Amount Paid		Application
Application reviewed by	Date	<input type="checkbox"/> Approved <input type="checkbox"/> Denied

Application approved for the license as required by Chapter 1761 of the Norwood Codified Ordinances

FOR OFFICE USE ONLY

Approved by	License No.
Approver Signature	Date