

RETAIL TOBACCO BUSINESS SUBMISSION APPLICATION
Rockland County Sanitary Code Article XXII

COMPLETE SECTIONS A, B AND C

Section A: Retail Tobacco Business Information

Business Name: _____ Telephone #: _____
Business Address: _____ Fax #: _____
_____ email address: _____

Business Owner/Operator: _____

NYS Department of Taxation and Finance Certificate of Registration (Tobacco License)
Number: _____ Expiration date: _____

Retail Tobacco Business Information as it appears on Tobacco License (if different than above):

Business Name: _____
Business Address: _____

FALSE STATEMENTS MADE ON THIS APPLICATION ARE PUNISHABLE UNDER THE PENAL LAW.

Failure to completely fill out and sign this form will delay issuance of an approval of your submitted plans. Operation without an approved ventilation system is a violation of the Rockland County Sanitary Code and is punishable by a penalty of up to \$2,000.00 per day.

Signature of owner/operator or authorized representative: _____

Title: _____

Printed name of person signing: _____ Date: _____

Section B: Building Owner Information

Name: _____ Telephone #: _____
Address: _____ Fax #: _____
_____ email address: _____

FALSE STATEMENTS MADE ON THIS APPLICATION ARE PUNISHABLE UNDER THE PENAL LAW.

Failure to completely fill out and sign this form will delay issuance of an approval of your submitted plans. Operation without an approved ventilation system is a violation of the Rockland County Sanitary Code and is punishable by a penalty of up to \$2,000.00 per day.

Signature of building owner or authorized representative: _____

Title: _____

Printed name of person signing: _____ Date: _____

Section C: Licensed Architect or Engineer Information

Name: _____
Firm: _____
Address: _____

Telephone #: _____
Fax #: _____
email address: _____
NYS License #: _____

FALSE STATEMENTS MADE ON THIS APPLICATION ARE PUNISHABLE UNDER THE PENAL LAW.

Failure to completely fill out and sign this form will delay issuance of an approval of your submitted plans. Operation without an approved ventilation system is a violation of the Rockland County Sanitary Code and is punishable by a penalty of up to \$2,000.00 per day.

Signature of licensed architect or engineer: _____

Title: _____

Printed name of person signing: _____ Date: _____

If you have any questions or concerns regarding the engineering requirements, please contact **Sam Rulli, (845) 364-3364**.

The application will be reviewed to ensure that all forms have been correctly completed and that all required documentation is presented. If all required documentation is not provided, you will be notified, and the processing of your application will be suspended. The application process will resume upon receipt of complete information.

MAIL COMPLETED APPLICATION, SUPPORTING DOCUMENTS AND \$210.00 FEE TO:

Rockland County Department of Health
Housing/RCI
Attention: Catherine Johnson Southren, Esq.
50 Sanatorium Road, Building D
Pomona, New York 10970

Should you have any questions pertaining to the Rockland County Sanitary Code Article XXII or the New York State Clean Indoor Air Act, Public Health Law Article 13-E, please contact **Catherine Johnson Southren (845) 364-2572**.

FOR HEALTH DEPARTMENT USE ONLY - PLEASE DO NOT WRITE IN THIS BOX		
Meets the definition of a RETAIL TOBACCO BUSINESS:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Catherine Johnson Southren, Esq. Senior Public Health Sanitarian		
_____	_____	
signature	date	