



**NEW YORK STATE - CLEAN INDOOR AIR ACT  
WAIVER APPLICATION**

**PHASE I – QUALIFICATION**  
SECTIONS A, B, C, D and/or E, G, H

**SECTION A: INDICATE WITH AN “X” REASON FOR WAIVER REQUEST**

- Undue Financial Hardship –**  
*Complete Sections A, B, C, D, G, H and submit required attachments*
  
- Factors That Would Render Compliance Unreasonable –**  
*Complete Sections A, B, C, E, G, H and submit required attachments*

**SECTION B: COMPLETE ITEMS 1 – 6 BELOW**

<b>1. Name of Applicant:</b> _____	<b>Food Permit Number:</b> _____																								
<b>2. Name of (Check One):</b> <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Individual																									
<b>3. Trade Name – d/b/a:</b> _____																									
<b>4. Building Number:</b> _____ <b>Street:</b> _____																									
<b>5. City:</b> _____ <b>State:</b> _____ <b>ZIP:</b> _____ <b>Phone:</b> _____																									
<b>6. Current Hours of Operation:</b>																									
	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="background-color: black; color: white; width: 10%;"></th> <th style="width: 12.5%;">Sunday</th> <th style="width: 12.5%;">Monday</th> <th style="width: 12.5%;">Tuesday</th> <th style="width: 12.5%;">Wednesday</th> <th style="width: 12.5%;">Thursday</th> <th style="width: 12.5%;">Friday</th> <th style="width: 12.5%;">Saturday</th> </tr> </thead> <tbody> <tr> <td style="text-align: left; padding: 5px;"><i>Open</i></td> <td style="width: 12.5%; height: 20px;"></td> <td style="width: 12.5%; height: 20px;"></td> <td style="width: 12.5%; height: 20px;"></td> <td style="width: 12.5%; height: 20px;"></td> <td style="width: 12.5%; height: 20px;"></td> <td style="width: 12.5%; height: 20px;"></td> <td style="width: 12.5%; height: 20px;"></td> </tr> <tr> <td style="text-align: left; padding: 5px;"><i>Closed</i></td> <td style="width: 12.5%; background-color: #cccccc; height: 20px;"></td> <td style="width: 12.5%; background-color: #cccccc; height: 20px;"></td> <td style="width: 12.5%; background-color: #cccccc; height: 20px;"></td> <td style="width: 12.5%; background-color: #cccccc; height: 20px;"></td> <td style="width: 12.5%; background-color: #cccccc; height: 20px;"></td> <td style="width: 12.5%; background-color: #cccccc; height: 20px;"></td> <td style="width: 12.5%; background-color: #cccccc; height: 20px;"></td> </tr> </tbody> </table>		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	<i>Open</i>								<i>Closed</i>							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday																		
<i>Open</i>																									
<i>Closed</i>																									



**SECTION C: COMPLETE ITEMS 1 – 3 FOR ALL OWNERS, PARTNERS, CORPORATION OFFICERS & PRINCIPALS (Attach additional sheets if necessary)**

<b>1. Last Name:</b>	<b>First Name:</b>	<b>Title:</b>
_____	_____	_____
<b>2. Building Number:</b>	<b>Street:</b>	
_____	_____	
<b>City:</b>	<b>State:</b>	<b>ZIP:</b>
_____	_____	_____
<b>3. Telephone:</b>		
_____		

<b>1. Last Name:</b>	<b>First Name:</b>	<b>Title:</b>
_____	_____	_____
<b>2. Building Number:</b>	<b>Street:</b>	
_____	_____	
<b>City:</b>	<b>State:</b>	<b>ZIP:</b>
_____	_____	_____
<b>3. Telephone:</b>		
_____		

<b>1. Last Name:</b>	<b>First Name:</b>	<b>Title:</b>
_____	_____	_____
<b>2. Building Number:</b>	<b>Street:</b>	
_____	_____	
<b>City:</b>	<b>State:</b>	<b>ZIP:</b>
_____	_____	_____
<b>3. Telephone:</b>		
_____		

**SECTION D: UNDUE FINANCIAL HARDSHIP**

**Use this Section to provide details supporting undue financial hardship. Please demonstrate how any and all undue financial hardship is directly related to the Clean Indoor Air Act and provide supporting documentation. (Please type or print legibly. You may attach additional sheets of paper if necessary)**

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<b>Have any of the following occurred? (Check one box for each)</b>	<b><u>YES</u></b>	<b><u>NO</u></b>
<b>Changes in hours of operation?</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>New competing business established within 1 radial mile?</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Construction near establishment?</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Major changes in operation:</b>		
<i>a. Menu</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>b. Target Audience</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>c. Lotto Sales</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>d. Advertising</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>e. Other:</i> _____	<input type="checkbox"/>	<input type="checkbox"/>

**Please provide detailed explanation and supporting documentation concerning the above changes, which contributed to undue financial hardship.**

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**PHASE II – MITIGATION**

**SECTION F ONLY**

**STOP**

**NOTE:** Before completing PHASE II – SECTION F remember the Department recommends you assure approval of PHASE I prior to incurring any expense for mitigation. You may continue with SECTION F, explaining in writing, any pertinent proposals. However review of SECTION F is contingent upon satisfying the criteria set forth in this application by proving an undue financial hardship or other factors which render compliance unreasonable.

**SECTION F: PLAN**

Under the NYS Clean Indoor Air Act, every waiver granted shall be subject to such conditions or restrictions as may be necessary to minimize the adverse effects of the waiver upon persons subject to an involuntary exposure to second-hand smoke and to ensure that the waiver is consistent with the general purpose of the Act.

- 1. Please describe in detail your plan to minimize the adverse effects from exposure to second-hand smoke on the public, suppliers, contractors, your employees and other persons who may have reason to be in your establishment. Include plans for a ventilation system designed by a New York State licensed Engineer or Architect.**

*Air into the smoking area shall be supplied at a minimum ventilation rate of thirty (30) cubic feet of air per minute per person and may be supplied by transfer air from other areas in the facility. Air from the smoking area shall be exhausted to the outside of the building.*

(Please write or type legibly. Attach as many pages as necessary.)

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- 2. Please describe in detail your plan to ensure that any waiver granted would be consistent with the general purpose of the Act, which is “to preserve and improve the health, comfort and environment of the people of the state by limiting exposure to tobacco smoke.” Include information regarding all efforts to effect conformance with this purpose.**

(Please write or type legibly. Attach as many pages as necessary.)

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**SECTION G: CHECKLIST OF ALL REQUIRED ATTACHMENTS**

**PHASE I: QUALIFICATION**

- 1. Established businesses must demonstrate and provide documentation supporting an existing undue financial hardship and/or factors that render compliance unreasonable.
- 2. New businesses must demonstrate and provide documentation supporting an anticipated undue financial hardship and/or factors that would render compliance unreasonable.
- 3. Copy of the current New York State Liquor Authority License, if applicable.
- 4. Copy of a New York State Certificate of Authority to Collect Sales Tax and proof of Federal EIN.  
*(Note: The address on the NYS COA must match the address of the establishment.)*
- 5. Copy of:
  - Individual Owner
    - Business Certificate of Ownership
  - OR**
  - Corporation
    - Proof of Incorporation *(All of the following items are required)*
      - a. Filing Receipt or Authority to Conduct Business, issued by NYS Secretary of State *(original or copy showing blue watermark seal is acceptable.)*
      - b. Corporate resolution or minutes of most recent annual meeting listing the current principal officers of the corporation and dated no earlier than 1 year preceding the date of the application.
      - c. Certification from the Secretary of the present corporation.
  - OR**
  - Partnership
    - Business Certificate of Partnership
    - Current partnership agreement
- 6. Application fee in the amount of \$210.00. Make check payable to the Rockland County Commissioner of Finance.

**OPTIONAL**

- 7. **If submitting employee data to demonstrate a significant reduction in staff, please provide:**
  - (1) a copy of your NYS Employer Registration for Unemployment Insurance, Withholding and Wage Reporting, NYS-100; and
  - (2) monthly copies of your NYS Labor Department Quarterly Combined Withholding, Wage Reporting and Unemployment Insurance Returns (NYS-45 MN and NYS-45-ATT-MN, if applicable) from August 1, 2009 through the end of the month prior to the date of this application.

*[The applicant may redact employer registration number, withholding identification number, and employee social security numbers from NYS-45-MN or NYS-45-ATT-MN forms. This is the only employee data that will be accepted.]*

**PHASE II: MITIGATION**

- 8. Ventilation Plan designed by a NYS licensed Engineer or Architect.
- 9. Ventilation System installed as per approved plan.
- 10. Certification by a NYS licensed Engineer or Architect that the Ventilation System is operating as per the designed and approved plan.
- 11. Any other materials in support of Plan to limit the adverse effects of second hand smoke.
- 12. Plan review fee in the amount of \$210.00. Make check payable to Rockland County Commissioner of Finance.

**PHASE III: IMPLEMENTATION**

- 13. List of all employees.
- 14. Copy of Notice to be posted in your establishment alerting the general public of your request for and receipt of a waiver. Notice must also inform the public of the right to file a complaint with the Rockland County Department of Health.

**NOTE: The Rockland County Department of Health reserves the right to request any additional information necessary to make a final decision.**

**SECTION H: ACKNOWLEDGEMENT AND CERTIFICATION**

I, \_\_\_\_\_, state that I am the \_\_\_\_\_ of \_\_\_\_\_, and have completed the above application and that the statements made therein and the documents submitted are truthful to the best of my knowledge. I further acknowledge that I, and the persons I represent are fully aware of the consequences, including the forfeiture and civil and criminal penalties, which may result if any statement and/or document provided is determined to be false.

Dated: \_\_\_\_\_ Signature: \_\_\_\_\_

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_\_\_\_

\_\_\_\_\_  
Notary Public



**SUBMITTING THE APPLICATION:**

Submit the completed application, supporting documents, and fee(s) to:

**ROCKLAND COUNTY DEPARTMENT OF HEALTH  
50 SANATORIUM RD – BUILDING D  
POMONA, NEW YORK 10970**

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.

PLEASE DO NOT WRITE IN THIS BOX			
Date Received	Complete	Approved	Denied
	<input type="checkbox"/> <i>Yes</i>	<input type="checkbox"/> <i>Phase I</i>	<input type="checkbox"/> <i>Phase I</i>
	<input type="checkbox"/> <i>No</i>	<input type="checkbox"/> <i>Phase II</i>	<input type="checkbox"/> <i>Phase II</i>
		<input type="checkbox"/> <i>Phase III</i>	<input type="checkbox"/> <i>Phase III</i>
<b>Missing Documentation:</b>			
<b>Reason for Denial:</b>			

