



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

<p align="center">Complete, sign and return with fee to: DUTCHESS COUNTY DEPARTMENT OF HEALTH ATTENTION: ENVIRONMENTAL HEALTH / TOBACCO 387 Main Street Poughkeepsie, NY 12601 Phone (845) 486-3404/Fax (845) 486-2974</p>	<p align="center">Renewal application must be submitted at least 30 days prior to expiration, or 15 days before sale of tobacco products.</p> <p><u>*All fields in this application must be completed.</u></p>
<p align="center">APPLICATION OR RENEWAL FEE: \$200.00 Replacement for lost or damaged permit: \$20.00 Late fee of \$20.00 is due after current permit expires. Returned check fee: \$50.00</p>	<p>New Applicant <input type="checkbox"/> Expected Opening Date: _____</p> <hr/> <p>Permit Renewal <input type="checkbox"/> Dutchess County Permit # _____</p>

FACILITY INFORMATION

DBA (Doing Business As)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th align="center" colspan="10">NYS Retail Dealer Certificate of Registration Identification Number</th> <th align="center">Year of Expiration</th> </tr> <tr> <td style="width:10%; height: 20px;"> </td><td style="width:10%;"> </td><td style="width:10%;"> </td><td style="width:10%;"> </td><td style="width:10%;"> </td><td style="width:10%;"> </td><td style="width:10%;"> </td><td style="width:10%;"> </td><td style="width:10%;"> </td><td style="width:10%;"> </td> <td style="width:10%; text-align: center;"> </td> </tr> </table>	NYS Retail Dealer Certificate of Registration Identification Number										Year of Expiration											
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Legal Name (Corporation Name)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th align="center" style="width:60%;">Business Telephone Number</th> <th align="center" style="width:40%;">Business Fax Number</th> </tr> <tr> <td style="text-align: center;">()</td> <td style="text-align: center;">()</td> </tr> </table>	Business Telephone Number	Business Fax Number	()	()																		
Business Telephone Number	Business Fax Number																						
()	()																						
Facility Street Address	Town/City	State	Zip Code																				
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 merchandise <input type="checkbox"/> Other, specify _____ <input type="checkbox"/> Vending Machine (Enter machine owner information) Name of owner _____ Sticker# _____																							

OWNER/OPERATOR INFORMATION

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

