



Instructions to Transfer Smoke Shop Type C Certification to a Different Location
(For smoke shops that applied for certification before 6/30/2011 and were certified under ORS 433.847(2)(c) and OAR 333-015-0056(c))

The Oregon Indoor Clean Air Act (ICAA) [ORS 433.835-433.875 and 433.990(5)] prohibits smoking in almost all public places and places of employment. Smoking is permitted in businesses that meet certain requirements.

The ICAA requires the Oregon Health Authority (OHA) to establish and enforce a certification system for smoke shops. Smoke shops must be certified by OHA and abide by specific guidelines to permit smoking indoors [ORS 433.835 - 433.850 and OAR 333-015-0025 to 333-015-0085]. It is a violation of the law to smoke or allow smoking in a non-certified smoke shop.

Smoke shop certification is only valid for the location approved by OHA [OAR 333-015-0056(3)]. To change locations after becoming certified, a smoke shop must submit an Application for Change of Certified Smoke Shop Location with all required documentation to OHA prior to permitting smoking at the new location. ***Smoking is not permitted on the premises of the new location until OHA certifies the new location*** [OAR 333-015-0061(5)].

To transfer smoke shop certification to a new location, submit the following documentation in one packet to OHA. All required documentation must be included for OHA to consider the smoke shop's application to change locations.

1. A completed application for transfer of location on a form provided by OHA,
2. A copy of the deed or rental lease for the new location, indicating that the business does not occupy more than 3,500 square feet; or
3. If the new location occupies more than 3,500 square feet, documentation demonstrating that the location where the shop was originally certified occupied more than 3,500 square feet and the square footage of the new location is no more than 110 percent of the square footage of the original certification location;
4. A notarized, sworn statement attesting that:
 - a. The smoke shop will cease to operate in the old location; and
 - b. The smoke shop, as operated in the new location meets the certification renewal requirements described in OAR 333-015-0059.

Application Review and Notification Process

If the application is incomplete, OHA will notify the applicant and request documentation to complete the application.

Once the application is complete, OHA will then send a letter to the mailing address provided in the application granting or denying the change of certification location.



OHA shall recognize a transfer of location of a smoke shop C and issue an updated certification if:

1. The smoke shop submits all required documentation (see above),
2. The new location meets the square footage requirements described above,
3. The smoke shop meets the stand-alone business requirements,
4. The smoke shop ceases operating in the original or current location; and
5. The smoke shop, as operated in the new location, meets the certification renewal requirements described in OAR 333-015-0059.

OHA may deny a transfer of location if the applicant allows smoking on the premises prior to receiving an updated certification from OHA or provides information that is false or deliberately misleading. [OAR 333-015-0061(6)]

Additional Requirements and Notes

A smoke shop's complaint and violation history does not reset when a business changes location or transfers certification with ownership. OHA will treat new complaints received or violations observed at the new location or under new ownership as continuations of the smoke shop's total complaint and violation record.

OHA may request additional information after granting a change of location to determine the smoke shop's compliance with the ICAA.

Smoke shops must post signs at each entrance and exit clearly stating that (OAR 333-015-0040(6)):

- Smoking is allowed on all or part of the premises;
- Anyone under the age of 21 is prohibited from entering the premises;
- It is unlawful to sell tobacco products or inhalant delivery systems to anyone under the age of 21;
- Cigarette smoking is prohibited on the premises, in a smoke shop where cigarette smoking is not allowed under these rules;
- Smoking, aerosolizing or vaporizing of inhalants that are not tobacco products is prohibited; and
- On-premises consumption of alcohol is prohibited.

OHA is authorized to conduct unannounced inspections of certified smoke shops to determine compliance with the ICAA and rules [ORS 433.847(8)].

E-mail the completed application packet to ICAA.certification@dhsoha.state.or.us. All required documentation and all supporting documents must be submitted as one PDF document (attachment). All required documentation must be included for OHA to consider the business's application for smoke shop certification. A separate application packet must be submitted for each smoke shop location.



1. Application for Change of Certified Smoke Shop Type C Location

Complete the entire application and submit all requested materials in one packet. The application must be signed and include a current mailing address. Keep a copy of all application materials for your records.

Note: If ownership of the smoke shop has changed, you must submit a separate OHA Application for Transfer of Certification with Ownership to transfer certification to the new owner.

Smoke Shop Name _____ Smoke Shop Former Name (if applicable) _____

Business Owner _____ Business Owner Phone _____

Mailing Address _____ City _____ State _____ Zip Code _____

Business Name (if different from Smoke Shop Name) _____ Business Phone (if different) _____

Primary Contact Person Name and Title _____ Primary Contact Person Phone _____

Primary Contact Person E-mail address _____

Current Location Information (where the smoke shop is currently):

Current Smoke Shop Street Address _____ City _____ State _____ Zip Code _____

County where Smoke Shop is located _____



**1. Application for Change of Certified Smoke Shop Type C Location
(continued)**

Proposed Location Information (where the smoke shop is moving):

<u>Proposed</u> Smoke Shop Street Address	City	State	Zip Code
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County

Signature and Date:

Applicant Name and Title

Applicant Signature

Date



2. Notarized Affidavit: Current Location

I, _____, am the _____ of
(First Name Last Name) (Title)

_____ and have the knowledge necessary to attest that the
(Smoke Shop Name)
smoke shop will no longer allow smoking at the “Current Location” indicated above if and when
OHA approves this application to transfer the business’s smoke shop certification to the
“Proposed Location” indicated above.

**I declare under penalty of perjury that the foregoing is true and correct to the best of my
knowledge, information and belief.**

Printed Name of Affiant

Date

Signature of Affiant

Date

State of _____)

County of _____)

This instrument was acknowledged before me on (date) _____ by
(name of person) _____.

Signature of notarial officer: _____

My commission expires: _____

(seal)



3. Notarized Affidavit: Proposed Location

I, _____, am the _____ of

(First Name Last Name)

(Title)

_____ and have the knowledge necessary to attest that the smoke

(Smoke Shop Name)

shop, as operated at _____, will:

(Proposed Location Street Address)

- Be primarily engaged in the sale of tobacco products and smoking instruments and derive at least 75 percent of its gross revenue from such sales;
- Prohibit persons under 21 years of age from entering the premises;
- Not offer video lottery games, social gaming or betting on the premises;
- Not sell or offer alcoholic beverages for on-premises consumption;
- Not allow on-premises consumption of alcohol;
- Not allow cigarette smoking on the premises unless at least 75 percent of the smoke shop’s gross revenue is derived from the sale of cigarettes; and
- Be a stand-alone business with no other businesses or residential property attached to the premises.

I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge, information and belief.

Printed Name of Affiant

Date

Signature of Affiant

Date

State of _____)

County of _____)

This instrument was acknowledged before me on (date) _____ by

(name of person) _____.

Signature of notarial officer: _____

My commission expires: _____

(seal)

4. Stand-alone Business Documentation

Submit photographs of the premises showing that the smoke shop is a stand-alone business with no other businesses or residential property attached to the premises.

Photographs must show of all sides of the building, be **dated and labeled**, and must clearly demonstrate that the smoke shop is not attached to any other businesses or residential properties.

At a minimum, submit photographs of the following:

- Front side of the building.
- Back side of the building.
- Right side of the building.
- Left side of the building.

- Date and label all photos.

5. Copy of Deed or Rental Lease for the Proposed Location (must indicate square footage)

Submit a copy of the deed or rental lease for the proposed location. The deed or rental lease must indicate the square footage of the proposed new location.

6. Documentation of the square footage of the location originally certified by OHA (only required if the new location occupies more than 3,500 square feet)

Submit documentation of the square footage of the location originally certified by OHA if the new proposed location occupies more than 3,500 square feet.



Application Checklist

Items **1-6** must be included in the application packet submitted to OHA. If any materials are missing or incomplete, OHA will notify you that your application is incomplete.

- 1. OHA Application for Change of Certified Smoke Shop Location
- 2. Notarized Affidavit (current location)
- 3. Notarized Affidavit (proposed location)
- 4. Stand-alone Business Documentation
- 5. Copy of Deed or Rental Lease for the Proposed Location (must indicate square footage)
- 6. Documentation of the square footage of the location originally certified by OHA (only required if the new location occupies more than 3,500 square feet)