

TOBACCO RETAILER PERMIT APPLICATION

Please read the following application carefully as there have been significant updates to Utah State Code that apply to the requirements of all tobacco retailers.

Section 1: Applicable Laws for All Tobacco Retailers

A tobacco retailer without a valid permit **may not**:

- place a tobacco product¹, an e-cigarette product, or a nicotine product in public view;
- display any advertisement related to a tobacco product, an e-cigarette product, or a nicotine product that promotes the sale, distribution, or use of those products; or
- sell, offer for sale, or offer to exchange for any form of consideration, tobacco, a tobacco product, an e-cigarette product, or a nicotine product (UCA 26B-7-507).

All tobacco retailers must follow these permit requirements for the sale of tobacco products, e-cigarette products, or nicotine products in the State of Utah:

- NEW: Effective January 1, 2025, a person may not sell or offer for retail sale an electronic cigarette product in the State of Utah that is not included on the Electronic Cigarette Product Registry. The current registry can be found at <u>tax.utah.gov/tobacco</u>.
- NEW: Effective January 1, 2025, it is unlawful to sell or offer for sale any flavored electronic cigarette product with the exception of products that have a taste or smell of only menthol or tobacco (UCA 76-10-113).
- NEW: Effective January 1, 2025, it is unlawful to sell or offer for sale an electronic cigarette product that has not received market authorization or is pending market authorization from the federal Food and Drug Administration (UCA 76-10-113).
- **NEW:** Effective January 1, 2025, nicotine content in electronic cigarettes may not exceed 4.0% nicotine by weight per container; or a nicotine concentration of 40 mg/mL (UCA 76-10-101).
- It is illegal for any retailer to sell tobacco products, e-cigarette products, nicotine products, and tobacco paraphernalia to anyone younger than 21 (76-10-104, 76-10-104.1).
- A retailer shall provide the customer with an itemized receipt for each sale of a tobacco product, an e-cigarette product, or a nicotine product that separately identifies:
 - the name of the tobacco product, the e-cigarette product, or the nicotine product;
 - the amount charged for each product; and,
 - $\circ~$ the date and time of the sale (UCA 26B-7-512).
- A retailer shall maintain an itemized transaction log for each sale of a tobacco product, an e-cigarette product, or a nicotine product with the required details of each receipt for at least one year (UCA 26B-7-512).
- A retailer may not advertise an e-cigarette product as a tobacco cessation device (UCA 26B-7-505(5)).
- A retailer may not give or distribute a tobacco product without charge, including samples, and excluding buy one, get one free (UCA 76-10-112).

¹ Tobacco products include tobacco paraphernalia (pipes, bongs, etc). Refer to UCA 26B-7-501 and 76-10-101.

Section 2: Permit Type

Select the type of tobacco permit for which you are applying. Sign below to indicate you have read and understand the permit requirements.

General Tobacco Retailer: This type of establishment is limited to the amount of tobacco products, e-cigarette products, and nicotine products available for sale. This permit is valid for two calendar years (through December 31).

I understand in order to be permitted as a **General Tobacco Retailer**, the business identified in this application **may not** at any time:

- Have 20% or more of the total retail floor space allocated to the offer, display, or storage of tobacco products, e-cigarette products, and nicotine products;
- Have 20% or more of the total shelf space allocated to the offer, display, or storage of tobacco products, e-cigarette products, and nicotine products;
- Have more than 35% of total quarterly gross receipts from the sale of tobacco products, e-cigarette products, and nicotine products;
- Have any self-service display of tobacco products, e-cigarette products, and nicotine products; and,
- Hold itself out as a retail tobacco specialty business (RTSB) and cause a reasonable person to believe the commercial establishment is a RTSB (UCA 10-8-41.6).

<u>Retail Tobacco Specialty Business</u>: This type of establishment can only serve patrons 21 years of age and older and has very specific location requirements. This permit is valid for one calendar year (through December 31).

I understand in order to be permitted as a **Retail Tobacco Specialty Business**, the business identified in this application **may not** at any time, be within:

- 1,000 feet of a community location²; or
- 600 feet of another retail tobacco specialty business; or,
- 600 feet of property used or zoned for agricultural or residential use.

New applicants only: A map of the proposed Retail Tobacco Specialty Business is attached showing the
location of any community location, other retail tobacco specialty business, agricultural, or residential
property. The application cannot be processed without the map (UCA 26B-7-508(4)(a)).

I understand in order to be permitted as a **Retail Tobacco Specialty Business**, the business identified in this application must:

- Prohibit any individual under 21 years old from entering the business unless accompanied by a guardian;
- Electronically verify proof of age for any individual that enters the premises; and,
- Prominently display a sign on the public entrance of the business that communicates the prohibition of individuals under 21 years old (UCA 26B-7-511).

SIGNATURE REQUIRED: I further understand, and my signature binds all proprietors listed on this application, if any of the requirements listed in Sections 1 and 2 is violated, this permit may be revoked by the issuing health department and civil penalties may be applied according to UCA 26B-7-518.

Signature

Date

² Community location includes a public or private K-12 school; licensed child-care or preschool; trade or technical school; church; public library; public playground; public park; youth center or other place used primarily for youth oriented activities; public recreational facility; public arcade; homeless shelter (UCA 10-8-41.6).

Section 3: Proprietor Information

Name:		Name:	
Address:		Address:	
City/State:	Zip:	City/State: Zip:	
Phone:		Phone:	
Email:		Email:	
Authorized to receive permit-related communications and notices.		Authorized to receive permit-related communications and notices.	

List all principal owners registered with the business entity. Add additional page(s) as necessary.

Have any of the proprietors listed above been determined to have violated any state or federal tobacco laws in the past 24 months? If so, list all violations and dates of each violation:

Proprietor has not violated any state or federal tobacco laws in the past 24 months.

Section 4: Business Information

If you own more than one tobacco retail business in Davis County, use Attachr	ient A.
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Business Name Listed on Tobacco Tax License:		
Business Address:		
City/State:		Zip:
Phone:	Email:	

Attach a copy of Tobacco License from the Utah State Tax Commission. The application cannot be processed without a current tobacco tax license (UCA 26B-7-508).

To which physical address would you like all permit-related communications sent?

Business address

Other: _

Proprietor's address

Section 5: Permit Fees

Fees are for each business location. Make all checks payable to Davis County Health Department.

Permit Type	Fee Amount	# of Permits	Amount Due
New Permit	\$30.00		
Permit Renewal	\$20.00		
Permit Reinstatement	\$30.00		
New Retail Tobacco Specialty Business Plan Review + New Permit Fee	\$250.00		

No permit will be issued without the payment of the applicable permit fees. It is the responsibility of a Retail Tobacco Specialty Business applicant to verify proximity restrictions. Fees cannot be refunded if it is later determined the identified location does not meet proximity requirements.

Mail completed application, payment, and required supporting documentation to:

Tobacco Retailer Permitting Davis County Health Department PO Box 618 Farmington, UT 84025

Completed applications may also be e-mailed to: chs@co.davis.ut.us

Section 6: Attestation

I certify the information provided is true and accurate. I understand any incorrect information may result in the suspension or revocation of the health department's tobacco permit. I also understand the health department may recommend to the business licensing entity that the business license be suspended or revoked. Any such action will be reported to the Utah State Tax Commission.

Print Name					
Signature			Date		
Office Use ONLY: Payment Received: Yes	No	Initials	Amount: Ś	Date:	
Permit Approved: Yes				_ Date	

ATTACHMENT A: ADDITIONAL BUSINESS LOCATIONS

Make copies of this page as needed.

Business Information

Business Name Listed on Tobacco Tax License:		
Business Address:		
City/State:	Zip:	
Phone:	Email:	
Attach a copy of Tobacco License from the Utah State Tax Commission (UCA 26B-7-508).		

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Business Name Listed on Tobacco Tax License:		
Business Address:		
City/State:	Zip:	
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