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| ID# ISSUED EXP OFFICE USE ONLY DATE REC AMOUNT REC |
| **STATE OF MAINE****DEPARTMENT OF HEALTH AND HUMAN SERVICES** **RETAIL TOBACCO LICENSE APPLICATION**  (*PLEASE PRINT AND COMPLETE BOTH SIDES) Questions call: 207-287-5671* |
| **1. LICENSE CATEGORY** (*Must check one (1)*)  ( ) NEW ( ) CHANGE OF OWNERSHIP ( ) REINSTATEMENT ( ) DUPLICATE |
| **2. LICENSE TYPE** (*Must check one (1)*) \***SEE FEE SCHEDULE FOR COMPLETE TYPE EXPLANATION**  ( ) RETAIL TOBACCO I: <30% annual gross tobacco sales ( ) SEASONAL MOBILE FAIR: Must operate at **two or more** agricultural fairs held during  ( ) RETAIL TOBACCO II: 30-50% annual gross tobacco sales the agricultural fair season (June 23 - October 8, 2018; <http://www.mainefairs.org/fairs.html>)  ( ) RETAIL TOBACCO III: 50% > annual gross tobacco sales ( ) VENDING: Only tobacco products may be dispensed by the machine. May only be located  in areas in which persons who are 21 years of age or older are allowed. |
| **3.** **ESTABLISHMENT INFORMATION\*** *(\*All fields are required*. *\*\****MUST INCLUDE A PHOTO OF STORE SIGNAGE)**  ESTABLISHMENT NAME/STORE SIGNAGE**\*\***: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  LOCATION ADDRESS (SUITE, APT.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  LOCATION ADDRESS (STREET, ROAD): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  CITY/TOWN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  COUNTY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE: ME ZIP: \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ - \_\_\_ \_\_\_ \_\_\_ \_\_\_  CONTACT PERSON’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  BUSINESS TELEPHONE#: (\_\_ \_\_ \_\_) \_\_ \_\_ \_\_ - \_\_ \_\_ \_\_ \_\_ FAX #: (\_\_ \_\_ \_\_) \_\_ \_\_ \_\_ -- \_\_ \_\_ \_\_ \_\_  E-MAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WEBSITE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **4. BUSINESS OWNER INFORMATION\*** (\**All fields are required*)  INDIVIDUALOWNER(S) NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**OR** CORPORATION. LLC, PARTNERSHIP NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  IF CORPORATION, PLEASE INDICATE NUMBER OF SHAREHOLDERS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  MAILING ADDRESS (SUITE, APT., BOX): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  MAILING ADDRESS (STREET, ROAD): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  CITY/TOWN:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_STATE: \_\_\_ \_\_\_ ZIP: \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ - \_\_\_ \_\_\_ \_\_\_ \_\_\_  OWNER CONTACT PERSON’S NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ADDRESS OF CORPORATE REGISTERED AGENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  OWNER PHONE #: (\_\_ \_\_ \_\_ ) \_\_ \_\_ \_\_ - \_\_ \_\_ \_\_ \_\_ OWNER FAX#: ( \_\_\_ \_\_\_ \_\_\_ ) \_\_\_ \_\_\_ \_\_\_ -\_\_\_ \_\_\_ \_\_ \_\_  E-MAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **5. MAILING ADDRESS FOR LICENSES & RENEWAL NOTICES\*** (\**All fields are required. Including an active e-mail will ensure timely communications)*  ADDRESS NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  MAILING ADDRESS (SUITE, APT, BOX): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  MAILING ADDRESS (STREET, ROAD): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CITY/TOWN:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  STATE: \_\_\_ \_\_\_ ZIP: \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ - \_\_\_ \_\_\_ \_\_\_ \_\_\_ E-MAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 6. PREVIOUS OWNER’S INFORMATION (*Must* *complete if this business location previously had an active retail tobacco license*)FORMER BUSINESS’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RETAIL TOBACCO LICENSE#: \_\_ \_\_ \_\_ \_\_ \_\_ FORMER OWNER’S NAME (LAST): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (FIRST): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  FORMER CORP./LLC’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  MAILING ADDRESS (STREET): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (CITY): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(ZIP): \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_  LOCATION ADDRESS (STREET): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(CITY): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ***IMPORTANT***  ***According to Maine law, 22 MRSA § 1553 A license may not be sold, transferred, assigned, or otherwise controlled by any person, other than the licensee. Prior owners are required to return their licenses to the Department. A license shall not be issued to another applicant until the current license and sworn statement of the former licensee are received by the Department.*** |
| 7. TOBACCO PRODUCT SALES *(Must check at least one (1), check all that apply of the following categories that best describes tobacco sale gross revenue)*  |  |  |  |  | | --- | --- | --- | --- | |  | CHEWING TOBACCO |  | OTHER (*Specify*): | |  | CIGARETTES |  | PIPE TOBACCO/ GLASS PIPES | |  | CIGARS/CIGAR WRAPS |  | ROLLING PAPERS | |  | ELECTRONIC SMOKING DEVICES/E-LIQUID/COMPONENTS |  | SNUFF/SNUS | |
| *PLEASE COMPLETE AND SIGN THE REVERSE SIDE OF THIS APPLICATION. INACCURATE OR INCOMPLETE APPLICATIONS WILL BE RETURNED.**SEE ATTACHED FEE SCHEDULE & MAIL FEE WITH COMPLETED APPLICATION FOR PROCESSING.* *LICENSES EXPIRE ANNUALLY ON MARCH 31ST*Page 1 HHE 609 REVISED 2-15-2018 |
| **8. ESTABLISHMENT TYPE** (*Must check at least one (1),* ***check all that apply*** *of the following categories that best describe establishment type)*   |  |  |  |  | | --- | --- | --- | --- | |  | CABINS/ CAMPGROUND |  | GOLF CLUB/ GOLF COURSE / PRO SHOP | |  | CAR WASH |  | GROCERY STORE or SUPERCENTER or SUPERMARKET | |  | CASINO |  | HEAD SHOP/GLASS | |  | CIGARS |  | OTHER (Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | |  | CONVENIENCE STORE |  | PHARMACY | |  | COUNTRY/ GENERAL STORE or GIFT SHOP |  | REDEMPTION CENTER | |  | DELIVERY SALES OF PREMIUM CIGARS (Internet/ Mail Order only, ***Must******complete* *Section 13. Delivery Services of Premium Cigars Information)*** |  | RESTAURANT (***Must complete* *Section. 9. Establishment with on premise liquor****.* Smoking is prohibited in outdoor eating areas*. See,* 22 M.R.S. §1550. Signs shall be posted*. See,* 22 M.R.S. §1543). | |  | ELECTRONIC SMOKING DEVICES/ ELECTRONIC LIQUID/ COMPONENTS |  | SEASONAL MOBILE FAIR (must operate two or more agricultural fairs held during the agricultural fair season. attach list of each fair, location, and dates). Full list: <http://www.mainefairs.org/fairs.html> | |  | FRATERNAL, VETERANS, or PRIVATE CLUB |  | TOBACCO SHOP (Smoking is prohibited. *See*, 22 M.R.S §1542) | |  | GAS STATION |  | VENDING MACHINE (separate license for each machine at each location, must complete Section 10. only cigarettes or any other tobacco products may be dispensed by the machine) | |
| **9. ESTABLISHMENT WITH ON PREMISE LIQUOR** (*check one (1) of the following categories that best describes your establishment)* ***Title 22******M.R.S. §1550*** *prohibits smoking in outdoor eating areas (a patio, deck or other property that is partially enclosed or open to the sky) that is permitted for eating or drinking under the control of the eating establishment to the public for consumption on the premises. Signs shall be posted. See,* 22 M.R.S. §1543.  ( ) BED & BREAKFAST ( ) BOTTLE CLUB\* ( ) CLASS A LOUNGE\* (CLASS X) ( ) HOTEL LOUNGE\* (CLASS I OR IA)  ( ) PRIVATE CLUB ( ) RESTAURANT LOUNGE (CLASS XI) ( ) TAVERN\* (CLASS IV) ( ) OTHER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (\*) *indicates minors are prohibited unless accompanied by a parent or guardian* |
| **10. ESTABLISHMENT OPERATION\*** (\**All fields are required)*  Annual dates of operation from (*month/day*): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_ to (*month/day*): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_ (*for example, April 1 to March 31)*   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | ***Store Hours*** | SUNDAY | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY | | **TIME OPEN** |  |  |  |  |  |  |  | | **TIME CLOSE** |  |  |  |  |  |  |  |   *(Fill-in the* ***Store Hours*** *chart above. Write/type* ***“All****” if the establishment is* ***open 24 hours***; *“****Closed****” when the establishment is not open*, *or “****Specify Time****” with “****AM*** *or* ***PM****” in the corresponding boxes that does not contain an “****All****” or “****Closed****” (for example TIME OPEN:* ***8 AM****, TIME CLOSE:* ***8 PM****).* |
| **11. VENDING MACHINE LOCATION** *(Must complete Section. 9. Establishment with on premise liquor if the location of machine also serves liquor*)  VENDING MACHINE LOCATION’S BUSINESS NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  BUSINESS ADDRESS (ACTUAL LOCATION) STREET: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  CITY/TOWN:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_COUNTY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP: \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ |
| **12. TOBACCO DISTRIBUTOR DELIVERY SERVICES INFORMATION\*** *(\*Required fields. Must purchase tobacco products from a licensed Tobacco Distributor. For a full list of approved Tobacco Distributors please visit:* <http://www.maine.gov/revenue/othertaxes/tobacco/ListTobDist.htm>  TOBACCO DISTRIBUTOR NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE #: (\_\_ \_\_ \_\_) \_\_ \_\_ \_\_ - \_\_ \_\_ \_\_ \_\_ |
| **13. DELIVERY SERVICES OF PREMIUM CIGARS INFORMATION (***Applicable only if you deliver premium cigars, See 22 M.R.S. §1555-C. for provisions)*  DELIVERY SELLER’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WEBSITE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  WAREHOUSE LOCATION STREET (from which products are shipped): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  TOWN/ CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE: \_\_\_ \_\_\_ ZIP: \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ |
| **14. PARTNERS OR CORPORATE OFFICERS** (A*ttach additional sheet as needed)*  **(**NAME): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (TITLE):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(MAILING ADDRESS):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (NAME):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(TITLE):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(MAILING ADDRESS):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **15. COMPLIANCE WITH APPLICABLE LAWS AND REGULATIONS**  **The undersigned applicant acknowledges that upon licensure he, she or it shall abide by all laws and regulations related to the operation and administration of a retail tobacco establishment, and shall allow agents of the Department of Health and Human Services onto its licensed premises at all reasonable times for the purpose of licensing inspections to assure that the applicant is in compliance with all relevant Departmental statutes and regulations.** |
| **16. SIGNATURE OF APPLICANT**  *This application must be signed and dated by the owner, managing partner, or any other person authorized to sign on behalf of the owner, or if corporation by registered agent. I declare that this application is true and complete and that I am 18 years of age or older.*  X \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_  Signature Printed Name Title Date    *Any attempt to deceive public officials by making false statements in this document is a Class D Crime (See,* 17-A M.R.S §453*) Please make check or money order payable to* **“TREASURER, STATE OF MAINE”** *Mail application and fee to*: **HEALTH INSPECTION PROGRAM, 11 STATE HOUSE STATION AUGUSTA, MAINE** **04333-0011**  Page 2 HHE 609 REVISED 2-15-2018 |

*----------------------------------------------TEAR OFF HERE-----------------------------------------------*

**MAINTAIN FOR YOUR RECORDS**

STATE OF MAINE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

MAINE CENTER FOR DISEASE CONTROL AND PREVENTION

DIVISION OF ENVIRONMENTAL HEALTH

HEALTH INSPECTION PROGRAM

\*Fee Schedule for Retail Tobacco License Application

**Licenses Expire Annually on MARCH 31st**. After APRIL 30th a late fee will be added with a potential

civil violation penalty for selling without a valid license. Renewals are accepted 50 days prior to March 31st.

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| --- | --- | --- | --- | --- |
| Table 3 A Retail Tobacco License Fees\* | | | | |
|  | April 1-  June 30 | July 1-  September 30 | October 1- December 31 | January 1-  March 31 |
| Retail Tobacco I < 30% annual gross revenue from total cigarette tobacco sales | $100 | $75 | $50 | $25 |
| Retail Tobacco II > or = 30-50% of annual gross revenue from total cigarette tobacco sales | $125 | $94 | $63 | $32 |
| Retail Tobacco III > 50% of annual gross revenue from total cigarette tobacco sales | $150 | $113 | $75 | $38 |
| Seasonal Mobile Fair Tobacco Vendor License\*  \*must operate at two or more agricultural fairs held during the agricultural fair season | $50 for the first fair location + $10 for each additional fair location | $50 for the first fair location + $10 for each additional fair location | $50 for the first fair location + $10 for each additional fair location | $50 for the first fair location + $10 for each additional fair location |
| Tobacco Vending Machine | $50 | $38 | $25 | $25 |

\* *FROM RULES RELATING TO THE SALE AND DELIVERY OF TOBACCO PRODUCTS IN MAINE*

*10-144 CMR Chapter 203*

# *Section 3. A.1. Application and fees.*

Please Make Check or Money Order Payable to “Treasurer, State of Maine”

And Mail Correct Fee With Completed Application to:

Department of Health and Human Services

Health Inspection Program,

11 State House Station

Augusta ME 04333-0011

REVISED 2-15-2018

**RETAIL TOBACCO SALES BRIEF COMPLIANCE TIPS**

|  |  |
| --- | --- |
| **Smoking prohibited in public places**  Smoking is prohibited in all enclosed areas of public places, outdoor eating areas, and all rest rooms made available to the public. | **Internet sales**  A tobacco product may not be shipped to anyone other than from a licensed tobacco distributor or licensed tobacco retailer in this State. The only tobacco products that may be sold over the Internet from retailer to consumer are premium cigars. |
| **Retail tobacco sales license required**  It is unlawful for any person, partnership or corporation that engages in retail sales, including retail sales through vending machines or in free distribution of tobacco products, to sell, keep for sale or give away in the course of trade any tobacco products to anyone without first obtaining a retail tobacco license from the Health Inspection Program.  Retail tobacco licenses are assigned to physical locations. A retail tobacco license may not be sold, transferred, assigned or otherwise subjected to control by any person other than the licensee. Non-active licenses are required to be resubmitted to the department.  Licenses are due annually by April 1st. Licenses may be renewed **fifty (50) days prior to expiration (March 31st).** | **Tobacco products** means any product that is made from or derived from tobacco, or that contains nicotine, that is intended for human consumption or is likely to be consumed, whether smoked, heated, chewed, absorbed, dissolved, inhaled or ingested by any other means, including, but not limited to, a cigarette, a cigar, a hookah, pipe tobacco, chewing tobacco, snuff or snus. "Tobacco product" also means an electronic smoking device and any component or accessory used in the consumption of a tobacco product, such as filters, rolling papers, pipes and liquids used in electronic smoking devices, whether or not they contain nicotine. "Tobacco product" does not include drugs, devices or combination products authorized for sale by the United States Food and Drug Administration, as those terms are defined in the Federal Food, Drug, and Cosmetic Act. |
| **Retail sales**  Tobacco products and Exempted Flavored Cigars may be **sold at retail only in a direct, face-to-face exchange in which the purchaser may be clearly identified**. For direct, face-to-face sales, employees who sell tobacco products must be at least 17 years of age. An employee who is 17 years of age or older and under 21 years of age may sell tobacco products only in the presence of an employee who is 21 years of age or older and is in a supervisory capacity. | **Sales to minors prohibited**  A person may not sell, furnish, give away or offer to sell, furnish or give away a tobacco product to any person who has not attained 18 (*21*) years of age, *unless the person has attained 18 years of age as of July 1, 2018*. Tobacco products may not be sold at retail to any person under 30 years of age unless the seller first verifies that person's age by means of reliable photographic identification containing the person's date of birth. (*See*, *LD 1170, effective July 1, 2018*) |
| **Display of prohibition of sales to juveniles**  A dealer or distributor of tobacco products shall post notice of prohibiting all tobacco product sales to persons who have not attained 18 *(21)* years of age, *unless the person has attained 18 years of age as of July 1, 2018*. Notices must be publicly and conspicuously displayed in the dealer's or distributor's place of business in letters at least 3/8 inches in height. Signs required by this section may be provided at cost by the department. Free signs are available. | **Manner of displaying and offering for sale**  Tobacco products may be displayed or offered for sale only in a manner that does not allow the purchaser direct access to the tobacco products. Tobacco Products shall be placed behind the sale counter, where only the age appropriate sale clerk can obtain the tobacco product. |
| **Tobacco vending machines**  A tobacco license is required. Only cigarettes or other tobacco products may be dispensed by that machine. A sign must be affixed conspicuously to the front of the machine containing lettering that is at least 3/8 inches in height and state the following: **"WARNING. It is unlawful to sell tobacco products in this State to any person who has not attained 18** *(21)* **years of age,** *unless the person has attained 18 years of age as of July 1, 2018.***”** Vending machines may be located only in areas in which persons who are 21 years of age or older are allowed. | **LD 1170 – *An Act to Reduce Youth Access to Tobacco Products*,** effective November 1, 2017, the Act improved Maine’s Retail Tobacco Sales Law definitions (*See*, 22 M.R.S §1551), production of licenses; notices (*See*, 22 M.R.S §1552-A), sales of tobacco products; vending machine (*See*, 22 M.R.S §1553-A), and sales of tobacco products (*See*, 22 M.R.S §1555-B). Remaining language that refers to **persons under 21 years of age, unless the person has attained 18 years of age as of July 1, 2018**, will take effect on **July 1, 2018** (*See*, 22 M.R.S §1552-A; §1553-A; and §1555-B 2-6).  FMI:<http://www.mainelegislature.org/legis/bills/getPDF.asp?paper=SP0391&item=1&snum=128> |
| **Maine’s Retail Tobacco Sales Laws web link:**  <http://www.mainelegislature.org/legis/statutes/22/title22ch262-Asec0.htm>  **Maine’s Retail Tobacco Sales Rules web link:**  <http://www.maine.gov/sos/cec/rules/10/144/144c203.doc>  **Exempted Flavored Cigar** **List:** <http://www.maine.gov/tools/whatsnew/attach.php?id=240591&an=1> | **Tobacco Enforcement Coordinator**  State of Maine Office of the Attorney General  Amber Desrosiers, MBA, ACSM-CPT  Phone: 207-626-8889  E-mail: [amber.desrosiers@maine.gov](mailto:amber.desrosiers@maine.gov) REVISED 2-15-2018 |