



**DUTCHESS COUNTY DEPARTMENT OF BEHAVIORAL & COMMUNITY HEALTH
APPLICATION FOR PERMIT TO SELL OR DISTRIBUTE TOBACCO PRODUCTS**

WORKERS' COMPENSATION AND DISABILITY INSURANCE (Enter current information)

Check the appropriate lines and submit copies of the following documentation with the application to document compliance with the Workers' Compensation Law.

Workers' Compensation and Disability Documentation

Workers' Compensation: You must include one of the following with your application:

- Form C-105.2 – Certificate of Workers' Compensation Insurance
- Form U-26.3 – Certificate of Workers' Compensation Insurance
- Form SI-12 – Certificate of Workers' Compensation Self Insurance
- GSI-105.2 – Certificate of Participation in Workers' Compensation Group Self-Insurance
- Form CE-200 Certificate of Attestation of Exemption from NYS Workers' Compensation

Disability Benefits: You must include one of the following with your application:

- DB-120.1 – Certificate of Disability Benefits
- Form DB-155 – Certificate of Disability Benefits Self-Insurance
- Form CE-200 Certificate of Attestation of Exemption from NYS Disability Benefits Coverage

**STATEMENT OF UNDERSTANDING AND RESPONSIBILITY OF THE NEW YORK STATE ATUPA LAW
AND DUTCHESS COUNTY SANITARY CODE**

CERTIFICATION (to be signed by owner/operator or corporation officer)

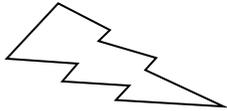
I certify that I have read and understand the contents of the notice *Retail Tobacco Dealers and New York's Youth Access Tobacco Control Laws* and Article 25: Dutchess County Sanitary Code. I have reviewed this information with my employees and understand that as the legal vendor of tobacco products, I am responsible for any violations of ATUPA law or Dutchess County Sanitary Code Article 25 that are committed by my establishment.

Signature

Title

Date

Print Name



DID YOU REMEMBER TO:

1. If the owner is a new applicant, make sure that you fill in the expected opening date of the business on the first page.
2. Complete and sign this application.
3. Enclose check or money order. Credit cards and starter checks are not accepted. Cash is accepted in person at our Poughkeepsie Office, Monday-Friday 9am-5pm except holidays.
4. Include Workers' Compensation and Disability insurance forms [See this section [above](#)]. To apply for a waiver from the Workers' Compensation Board, call 866-750-5157 or visit www.businessexpress.ny.gov.
5. Provide a copy of NYS Retail Dealer Certificate of Registration.

FOR OFFICE USE (to be completed by Permit Issuing Officer)

Permit Issuing Officer: _____ Date: _____

Permit Number: _____ Permit issued: _____ Expiration Date: _____

Fee paid: _____ Comments: _____