Complete, sign and return with fee to:
DUTCHESS COUNTY DEPARTMENT OF
BEHAVIORAL & COMMUNITY HEALTH
ATTENTION: ENVIRONMENTAL HEALTH / TOBACCO
85 Civic Center Plaza, Suite 106
Poughkeepsie, NY 12601
Phone (845) 486-3404/Fax (845) 486-3545

Renewal application must be submitted at
least 30 days prior to expiration, or 15 days
before sale of tobacco products.
*All fields in this application must be completed or
paperwork will be returned.

APPLICATION OR RENEWAL FEE: $215.00
Replacement for lost or damaged permit: $20.00
Late fee: $20.00 due first month after current permit
expires and $15.00 each additional month or portion of
additional month late.
Returned check fee: $20.00

<table>
<thead>
<tr>
<th>New Applicant</th>
<th>☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>Permit Renewal</td>
<td>☐</td>
</tr>
</tbody>
</table>

Dutchess County Permit #________________________

FACILITY INFORMATION

<table>
<thead>
<tr>
<th>DBA (Doing Business As)</th>
<th>NYS Retail Dealer Certificate of Registration Identification Number</th>
<th>Year of Expiration</th>
</tr>
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<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>Legal Name (Corporation Name)</th>
<th>Business Telephone Number</th>
<th>Business Fax Number</th>
</tr>
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<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>Facility Street Address</th>
<th>Town/City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

Facility Mailing Address

<table>
<thead>
<tr>
<th>Town/City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
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Type of Establishment (Check any and all that apply)

- ☐ Restaurant/Bar
- ☐ Convenience store
- ☐ Gas Station
- ☐ Pharmacy
- ☐ Supermarket/Grocer
- ☐ Delicatessen
- ☐ Tobacco business
- ☐ Liquor/Beverage store
- ☐ Retail/General merchandise
- ☐ Other, specify ________________________________

Vending Machine (Enter machine owner information)

Name of owner______________________________________________
Sticker #_____________

OWNER/OPERATOR INFORMATION

<table>
<thead>
<tr>
<th>Applicant’s Name:</th>
<th>Last</th>
<th>First</th>
<th>M.I.</th>
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</thead>
<tbody>
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</table>

Permanent Mailing Address:

<table>
<thead>
<tr>
<th>No. and Street</th>
<th>City/Town</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
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</table>

Email Address:

Mail permit to:

- ☐ Owner/Operator Address
- ☐ Facility Mailing Address

<table>
<thead>
<tr>
<th>Permanent Phone Number</th>
<th>Cellular Phone Number</th>
</tr>
</thead>
<tbody>
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DCTP-007 revised (5/18)
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                                             Date

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)

<table>
<thead>
<tr>
<th>Permit Issuing Officer:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Permit Number:</td>
<td>Permit issued:</td>
</tr>
<tr>
<td>Fee paid:</td>
<td>Comments:</td>
</tr>
</tbody>
</table>