

**CHECK LIST FOR APPLICATION FOR A  
"PERMIT TO SELL OR DISTRIBUTE TOBACCO & VAPING PRODUCTS"**

Below is a list of items **NECESSARY** for the Dutchess County Dept. of Health to process your application and issue your **TOBACCO AND/OR VAPING PERMIT**.

- COMPLETE ALL REQUIRED PARTS OF YOUR APPLICATION.**
- SIGNATURE-** Please make sure you have signed your application.
- PERMIT FEE-** Please submit a check (starter checks are NOT accepted), money order, or cash for the proper fee.
- WORKERS COMPENSATION and DISABILITY INSURANCE- SECTION G-** You are to contact your insurance company for the correct forms and must *submit* the correct insurance forms along with the application and fee. Please see the attached info sheet. This department does not accept the ACORD form.
- COPY OF NYS RETAIL DEALER CERTIFICATE OF REGISTRATION for CIGARETTES AND TOBACCO PRODUCTS. PLEASE DO NOT SEND THE CERTIFICATE OF AUTHORITY.**
- COPY OF NYS RETAIL DEALER CERTIFICATE FOR VAPOR PRODUCTS**
- RETURN THIS FORM WITH ALL BOXES CHECKED!**

**ALL APPLICATIONS MUST BE  
SUBMITTED WITH THE ABOVE  
ITEMS. APPLICATIONS  
RECEIVED INCOMPLETE WILL BE  
RETURNED.**



Dear Applicant:

The New York State Workers' Compensation Law (NYS WCL) is requiring that the Dutchess County Health Department verify that a permit applicant possess documentation concerning Workers' Compensation and Disability Insurance coverage where necessary prior to permit issuance or renewal.

One or more of the following forms **must** accompany the application to document compliance with the WCL. *If the proper paperwork is not ATTACHED with your application, you will not be issued a permit to operate. It is imperative that the correct forms are submitted with the application and not sent under separate cover.*

**1) When WC/DB coverage IS NOT required:**

Form CE-200 Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage. To apply and obtain this certificate immediately, go on-line to <http://www.businessexpress.ny.gov/> and click the "WC/DB Exemptions Form CE-200" box located on the homepage. Instructions are provided that will explain whether your business qualifies.

Once the application is completed, print out the certificate and sign. *(Be advised that falsely submitting this form may subject you to penalties in accordance with the Workers' Compensation Law and NYS laws.)*

**2) When NYS WC/DB coverage IS provided:**

A. Workers' Compensation

- Form C-105.2 Certificate of Workers' Compensation Insurance (issued by the applicant's insurance carrier); **NOT FORM C-105**  
**OR**
- Form U-26.3 Certificate of Workers' Compensation Insurance (issued by State Insurance Fund); **NOT FORM C-105**  
**OR**
- Form SI-12 Certificate of Workers' Compensation Self-Insurance; **OR**
- GSI-105.2 Certificate of Participation in Workers' Compensation Group Self-Insurance; **NOT FORM C-105**  
**AND**

B. Disability Benefits

- DB-120.1 Certificate of Disability Benefits (issued by the applicant's insurance carrier); **NOT FORM DB-120**  
**OR**
- Form DB-155 Certificate of Disability Benefits Self-Insurance

**"ACORD" FORMS REGARDING THE ABOVE INFORMATION are not ACCEPTABLE DOCUMENTATION.** For further questions on Workers' Comp. and Disability call 866-750-5157.



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

<p><b>Complete, sign and return with fee to: DUTCHESS COUNTY DEPARTMENT OF HEALTH ATTENTION: TOBACCO 85 Civic Center Plaza, Suite 106 Poughkeepsie, NY 12601 Phone (845) 486-3404/Fax (845) 486-3545</b></p>	<p align="center"><b>Renewal application must be submitted at least 30 days prior to expiration, or 15 days before sale of tobacco products.</b> <b><u>*All fields in this application must be completed or paperwork will be returned.</u></b></p>
<p><b>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</b></p>	<p>New Applicant <input type="checkbox"/> Expected Opening Date: _____</p> <hr/> <p>Permit Renewal <input type="checkbox"/> Dutchess County Permit # _____</p>

**FACILITY INFORMATION**

DBA (Doing Business As)	<b>NYS Retail Dealer Certificate of Registration Identification Number</b>	<b>Year of Expiration</b>																				
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20px; height: 20px;"></td> <td style="width:20px; height: 20px;"></td> <td style="width:20px; height: 20px;"></td> <td style="width:20px; height: 20px;"></td> <td style="width:20px; height: 20px;"></td> <td style="width:20px; height: 20px;"></td> <td style="width:20px; height: 20px;"></td> <td style="width:20px; height: 20px;"></td> <td style="width:20px; height: 20px;"></td> <td style="width:20px; height: 20px;"></td> <td style="width:20px; height: 20px;"></td> <td style="width:20px; height: 20px;"></td> <td style="width:20px; height: 20px;"></td> <td style="width:20px; height: 20px;"></td> <td style="width:20px; height: 20px;"></td> <td style="width:20px; height: 20px;"></td> <td style="width:20px; height: 20px;"></td> <td style="width:20px; height: 20px;"></td> <td style="width:20px; height: 20px;"></td> <td style="width:20px; height: 20px;"></td> </tr> </table>																					
Legal Name (Corporation Name)	Business Telephone Number	Business Fax Number																				
	(    )	(    )																				
Facility Street Address	Town/City	State	Zip Code																			
Facility Mailing Address	Town/City	State	Zip Code																			
Type of Establishment (Check any and all that apply)																						
<input type="checkbox"/> Restaurant/Bar <input type="checkbox"/> Convenience store <input type="checkbox"/> Gas Station <input type="checkbox"/> Pharmacy <input type="checkbox"/> Supermarket/Grocer <input type="checkbox"/> Delicatessen <input type="checkbox"/> Tobacco business <input type="checkbox"/> Liquor/Beverage store <input type="checkbox"/> Retail/General merchandise <input type="checkbox"/> Other, specify _____ <input type="checkbox"/> Vending Machine (Enter machine owner information) Name of owner _____ Sticker # _____																						

**Do you sell vaping products**     **yes**    **no**    **NYS Vapor Product Certificate of Registration #** \_\_\_\_\_  
**Year of Expiration -** \_\_\_\_\_

**Are you a Lottery Agent**     **yes**    **no**    **NYS Lottery Agent Number #** \_\_\_\_\_

**OWNER/OPERATOR INFORMATION**

Applicant's Name:	Last	First	M.I.
Permanent Mailing Address:	No. and Street	City/Town	State      Zip Code
<b>Email Address:</b>			
<b>Mail permit to:</b>	Permanent Phone Number	Cellular Phone Number	
<input type="checkbox"/> <b>Owner/Operator Address</b> <input type="checkbox"/> <b>Facility Mailing Address</b>	(    )	(    )	

**DUTCHESS COUNTY DEPARTMENT OF HEALTH  
APPLICATION FOR PERMIT TO SELL OR DISTRIBUTE TOBACCO & VAPING 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**

- Form C-105.2 – Certificate of Workers' Compensation Insurance **OR**
- Form U-26.3 – Certificate of Workers' Compensation Insurance **OR**
- Form SI-12 – Certificate of Workers' Compensation Self Insurance **OR**
- GSI-105.2 – Certificate of Participation in Workers' Compensation Group Self-Insurance

**AND**

- DB-120.1 – Certificate of Disability Benefits **OR**
- Form DB-155 – Certificate of Disability Benefits Self-Insurance

- OR
- Workers' Compensation and Disability Insurance Coverage **NOT PROVIDED**
- Form CE-200 Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage

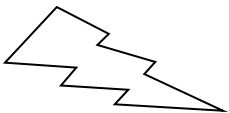
**STATEMENT OF UNDERSTANDING AND RESPONSIBILITY OF THE NEW YORK STATE ATUPA LAW  
AND DUTCHESS COUNTY SANITARY CODE**

**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 application. (DCTP-007).**
- 3. Enclose check or money order. Do not send cash. Credit cards and starter checks are not accepted.**
- 4. Include appropriate insurance forms, as indicated on application. You may apply for a waiver from the Workers' Compensation Board if applicable. For more information, call 866-750-5157 or visit <http://www.businessexpress.ny.gov/>**
- 5. Provide a copy of NYS Retail Dealer Certificate of Registration for Tobacco Products.**
- 6. Provide a copy of NYS Vapor Products Retail Registration. (if needed)**

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

Permit Issuing Officer: _____	Date: _____	
Permit Number: _____	Permit issued: _____	Expiration Date: _____
Fee paid: _____	Comments: _____	