



ERIE COUNTY DEPARTMENT OF HEALTH
RETAIL TOBACCO PRODUCT, VAPOR PRODUCT, AND/OR
SMOKING PARAPHERNALIA BUSINESS
PERMIT APPLICATION

This application is **NOT** a permit.

Operation of a regulated facility without a valid permit is a violation of the Erie County Sanitary Code.

This application must be submitted at least 30 days before: (please check appropriate box)

October 1, 2024 for existing facilities or the start of operation, after October 1, 2024, for new facilities or the expiration date of the existing permit

**PLEASE PRINT OR TYPE – ALL SECTIONS OF THE APPLICATION MUST BE FILLED OUT
ILLEGIBLE OR INCOMPLETE APPLICATIONS WILL DELAY PROCESSING**

CHECK ALL BOXES THAT APPLY

Tobacco Products Vapor Products Smoking Paraphernalia Products

FACILITY INFORMATION

Name (as it will appear on permit) _____
Street Address _____
C/T/V, Zip Code _____ Phone _____
E-mail _____

OWNER / OPERATOR INFORMATION

Corporation Name _____
Owner/Operator Name _____
Address _____
City, State, Zip _____ Phone _____
E-mail _____

MAILING ADDRESS

- All correspondence to be sent to facility address as above
 All correspondence to be sent to Owner/Operator address as above
 All correspondence to be sent to alternate address:

Name _____
Address _____
City, State, Zip _____
Email contact _____

Workers Compensation and Disability Insurance Information (contact NYS Workers Compensation Board for information)

Indicate below the form provided as proof

Workers Compensation Insurance Form C-105.2 Form U-26.3 Form SI-12 Form GSI-105.2**NYS Disability Insurance** Form DB-120.1 Form DB-155**Certification of Attestation of Exemption from NYS Workers Compensation and/or Disability Benefits Coverage** Form CE-200For CE-200, you can apply at www.businessexpress.ny.gov .You will be asked to create a NY.gov account if you do not already have a login.

WATER / SEWAGE FACILITIES AT ESTABLISHMENT Public Water Private Water (Well) Public Sewer Private On-Site Waste-Water Treatment System

If private water/sewage please specify operator/responsible party _____

CORPORATION / PARTNERSHIP / LLC / ADDITIONAL OFFICERS / DIRECTORS / MANAGERS (list all below)

Name	Title	Address	Telephone	email

DAYS / HOURS OF OPERATION

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Opening Time							
Closing Time							
24/7 <input type="checkbox"/>							

If this application is approved, the undersigned applicant hereby agrees to operate the facility described in complete compliance to the New York State Public Health Law, Erie County Sanitary Code and any other rules, codes, regulation applicable to its operation.

Applicant also acknowledges that workers compensation and disability benefits insurance are in force as required.

Date _____ Signature of Operator _____ Title _____

Print Name _____

Send application to:

**Erie County Department of Health
503 Kensington Avenue
Buffalo, NY 14214**