



APPLICATION FOR CERTIFICATE OF EXEMPTION HOTELS/MOTELS

IRS Tax ID No. _____
 or SSN: _____ Date of Application: _____

Business Information		Business Owner Information	
Name of Hotel/Motel		Company Name	
Name of Manager		Name of Owner	
Street Address		Street Address	
Zip Code	Ward No	City, State, Zip	
Phone		Phone	
e-mail		e-mail	

Please provide the information below as reported to the appropriate State and/or City agencies for the past year.

Fiscal Year	Total Guest Rooms Available		Smoking Guest Rooms Available	
	Number	Percentage of Total Guest Rooms Available	Number	Percentage of Smoking-Permitted Rooms to Total
		100%		%

I certify that the number of smoking-permitted guest rooms are not reasonably expected to comprise more than 20% of the total number of rooms within the next year, that smoking-permitted rooms on the same floor are contiguous and smoke from these rooms does not infiltrate into areas where smoking is prohibited, and that the status of rooms as smoking or nonsmoking will not be changed, except to add additional nonsmoking rooms.

Signature: _____ Date: _____

If applicant is acting as agent for the business owner, provide the following:

Name	Title	Phone
Street Address	City, State, Zip	

I hereby certify that the information provided is correct, and I fully understand that any deviation from this information without prior permission from the Health Department may nullify final approval. I understand that a certificate of exemption is good for a maximum of one year AND that I will need to reapply for a new certificate of exemption when the exemption expires. I understand that the Commissioner of Health has the right to suspend or revoke any certificate of exemption issued.

Signature: _____ Date: _____

For Inspectors Only

Total No. of Rooms:	
No. of smoking permitted rooms:	
% of smoking rooms to total:	

Inspector's Name: _____

Approved Denied

Date: _____