

City of St. Louis Department of Health
 Bureau of Environmental Health Services
 1520 Market St., Room 4051
 St. Louis, MO 63103
 (314)657-1539



APPLICATION FOR CERTIFICATE OF EXEMPTION RETAIL TOBACCO STORE

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

Business Information		Business Owner Information	
Name of Establishment		Company Name	
Name of Manager		Name of Owner	
Street Address		Street Address	
Zipcode	Ward No	City, State, Zip	
Phone		Phone	
e-mail		e-mail	

Days of Operation (circle all that apply)

MON TUE WED THU FRI SAT SUN

Hours of Operation _____

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

Fiscal Year	Gross Retail Sales Only		Tobacco Sales ONLY	
	Amount	Percentage of Total Retail Sales	Amount	Percentage of Tobacco Sales to Total
		100%		%

I certify that this retail store is used primarily for the sale of smoking materials, and more than 50% of the volume of trade or business carried on is that of the blending of tobaccos or sales of tobaccos, cigarettes, pipes, cigars or smoking sundries, and the sale of other products is incidental.

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 once expired. I understand that the Commissioner of Health has the right to suspend or revoke any certificate of exemption issued.

Signature: _____ Date: _____

For Inspectors Only

Inspector's Name: _____

Date: _____

Approved
 Denied