



Application For New Tobacco Permit

According to Section 602.361 SLCRO Chapter 602, Title VI, 1974:

1. No person, firm or corporation shall sell tobacco products without a current and valid permit issued by this Department. **Effective May 16, 2019, no licenses shall be issued to persons selling tobacco products within 1000 feet of school property.**
2. Only a person who complies with the requirements of this Chapter shall be entitled to receive or retain such a permit.
3. "Tobacco product" means any product that is made from, or derived from, tobacco and is intended for human consumption or is likely to be consumed, whether smoked, heated, chewed, absorbed, dissolved, inhaled, or ingested by any other means, including, but not limited to, a cigarette, a cigar, pipe tobacco, chewing tobacco, snuff, snus, or an electronic smoking device. The term includes any component or accessory used in the consumption of a tobacco product, such as filters, rolling papers, pipes, or liquids used in electronic smoking devices.

Please complete this application and enclose your check or money order. Make payable to: Saint Louis County Department of Public Health, Accounts Receivable, 6121 N Hanley Rd, Berkeley, Missouri 63134. Contact (314) 615-8900 with any questions.

Tobacco Permits Are Not Transferable

Today's Date: _____

Business Information

Business Name: _____

Business Address: _____ City: _____ State: _____ ZIP: _____

Business Phone: _____

Owner Information

Owner(s) (check one):

☐ An Individual ☐ A Partnership ☐ A Corporation

Owners Name: _____

Owners Address: _____ City: _____ State: _____ ZIP: _____

Phone: _____

Mailing address if different from establishment address:

Address: _____ City: _____ State: _____ ZIP: _____

Fee Schedule: Please check appropriate box below.

- ☐ \$125: Selling over-the-counter tobacco products only.
- ☐ \$25: Vending machine which dispenses: ☐ tobacco products, or ☐ electronic smoking devices (check one).
- ☐ \$25: Electronic smoking devices.
- ☐ \$150: Selling over-the-counter tobacco products **and** electronic smoking devices.

I have made a diligent search of my records and to the best of my knowledge; I certify that the permit fee checked represents the type of sales for my establishment.

Signature of Applicant: _____ Date: _____