



APPLICATION FOR SMOKING EXEMPTION FOR EXEMPT ESTABLISHMENT *

*Return this form only if you believe your establishment qualifies for a smoking exemption and you intend to permit smoking in your establishment after January 2, 2007.

Please mail this form to the Department of Health at the following address:

Smoking Exemption Application Form
Department of Health – Tobacco Control Program
825 N. Capitol Street, NE, 3rd Floor,
Washington, DC 20002

ATTENTION: The declaration must be consistent with the establishment's existing business license. Lack of consistency may jeopardize the establishment's license(s).

I hereby declare that I am eligible for an exemption from D.C. Official Code § 7-742, which prohibits smoking in places of employment and public places, because one of the following applies:

- I own or operate a tobacco bar.
 1. I am licensed as a restaurant, tavern, brew pub, club, or nightclub.
 2. My business generates 10% or more of its total annual revenue from the on-site sale of tobacco products, excluding sales from vending machines, or the rental of on-site humidors.
- I own or operate a retail store that does not share space with any other establishment and is used primarily for the sale of tobacco products and accessories in which the total annual revenue generated by the sale of non-tobacco products or accessories is no greater than 25% of the total revenue of the establishment.
- I own or operate a medical treatment, research, or nonprofit institution where the activity of smoking is conducted for the purpose of medical research or is an integral part of a smoking cessation program.
- I have a contract or other agreement to hold an event in a hotel, motel, or convention hall that was scheduled before April 4, 2006, which is scheduled to take place after January 1, 2007. The event will take place in an enclosed area that is separate from other areas accessible to the public.

I hereby authorize the Department of Health access to my financial records to determine whether I qualify for an exemption from D.C. Official Code § 7-742 and to perform annual audits to determine my continued eligibility for exemption.

I hereby swear or affirm under penalty of perjury that each of the foregoing statements is true to the best of my knowledge.

Applicant's name (printed)

Applicant's signature

Date

Subscribed and sworn to before me this ____ day of _____ 20____

Notary Public

My Commission expires:

Ownership Information (as shown on the District's business license application).
Submit a complete and legible copy of the applicable business license with this
declaration form.

Type of Business license:

Business Legal Name:

Business Establishment Address

Business Establishment Phone Number: _____

Business Establishment Fax Number: _____

Name of Owner(s) as Listed on the Business License

_____	_____
_____	_____
_____	_____

To help facilitate verification please provide copies of your current and prior year tax returns and any other materials that will aid in the verification process, including an itemized listing of revenues derived exclusively from tobacco products, tobacco accessories, and humidor rentals.