\* ***Additional guidance for completing this application can be found on the reverse side \****

***\*\* Failure to complete this application in its entirety will result in the application being returned. \*\****

**Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Trade Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_**

**Exception ID: \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ License Identification (LID) #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_ \_**

*This can be found on your current Exception certificate.*

**Enter Actual Sales Information for the previous 12-month period below (round to the nearest dollar).** Monthly filers should enter sales data in months indicated “M”, quarterly filers should enter data in months indicated “Q” and semi-annual filers should enter data in months indicated “S.”

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Reporting Period** | **M/S:** | **M:** | **M/Q:** | **M:** | **M:** | **M/Q:** | **M/S:** | **M:** | **M/Q:** | **M:** | **M:** | **M/Q:** | **TOTAL** |
| **Total Gross Sales** (All taxable & non-taxable items, including non-tobacco related products )  | $ | $ | $ | $ | $ | $ | $ | $ | $ | $ | $ | $ | $ |
| **Total Tobacco and Tobacco Related Product Sales** (Both taxable and non-taxable) | $ | $ | $ | $ | $ | $ | $ | $ | $ | $ | $ | $ | $ |

**Affidavit of Preparer:**

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person’s knowledge, information, and belief; said affirmation being made is subject to the penalties prescribed by 18 Pa.C.S.A. §4904 (unsworn falsification to authorities).

Signature of Preparer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title of Preparer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Business Operations:**

Does the facility ever have entertainment including but not limited to shows, bands, DJ, dancing, etc.? Yes No

Explain (including how often): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there ever an admission/cover charge? Yes No

Explain (including how often): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the facility a night club? Yes No

Explain (including how often):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Hours of Operation:**

Sunday \_\_\_\_\_\_\_\_\_\_ Wednesday \_\_\_\_\_\_\_\_\_\_ Saturday \_\_\_\_\_\_\_\_\_\_

Monday \_\_\_\_\_\_\_\_\_\_ Thursday \_\_\_\_\_\_\_\_\_\_

Tuesday \_\_\_\_\_\_\_\_\_\_ Friday \_\_\_\_\_\_\_\_\_\_

The Clean Indoor Air Act defines a night club as a public place and as a place of employment that must be smoke free.

**Renewal Instructions and Definitions:**

Your establishment is applying for renewal of your current Clean Indoor Air Act Exception as a **Cigar Bar**. All items sold are to be included on the Renewal Application. Sales reported should match the information provided on your last filing to the Department of Revenue (DOR).

**Total Gross Sales:** This is all items sold by the establishment, both taxable and non-taxable sales. Include ***all*** tobacco and non-tobacco items.

**Total Tobacco and Tobacco Related Product Sales:** All tobacco and tobacco related products ONLY.

**Filing Frequency:**

**Monthly:** Enter sales information for the last twelve (12) months as filed with DOR. Write month and year (MM/YY) being reported at the top of each column.

**Quarterly:** Enter sales information for the last four (4) quarters as filed with DOR. Write the quarter and year being reported in the columns marked M/Q. (i.e. 3rd/11, 4th/11, 1st/12, 2nd/12)

**Semi-annually:** Enter sales information for the last two (2) six-month reporting cycles as filed with DOR. Write the reporting period in the columns marked M/S. (i.e. Jul-Dec 11 / Jan-Jun 12)

*If your filing frequency with DOR has changed, enter sales figures as reported to DOR to provide 12 months of sales information.* **Reminders:**

**Night Club:** A public hall or hall for which admission is generally charged and which is primarily or predominantly devoted to dancing or to shows or cabarets as opposed to a facility that is primarily a bar, tavern or dining facility. This term includes gentlemen’s clubs.

* All establishments **must** return the Renewal Application
* **Write Legibly**
* Include Exception ID
* Include LID Number
* Use most recent 12 months of sales as reported to DOR
* Round to nearest dollar
* Review to make sure all information has been entered
* Submit by required due date

Failure to submit a Renewal Application will result in termination of the Clean Indoor Air Act Exception and require the establishment to immediately be smoke-free. If the establishment wants to then reapply for an exception, a new application will be required.

The Renewal Application can be submitted by any of the following options:

**U.S. Mail:** Pennsylvania Department of Health

Division of Tobacco Prevention and Control

625 Forster Street

Room 1032 Health and Welfare Building

Harrisburg, PA 17120

**Fax:** (717) 214-6690

**E-mail:** RA-CIAA@pa.gov

**Questions?** Call (717) 783-6600

At this time, all establishments must submit the Renewal Application, *even if selecting the CIAA feature when using E-Tides to report to DOR*.