

Clean Indoor Air Act (CIAA) Application for Exception to Permit Smoking

Section I

Business Name: _____

Trade Name of Business: _____

Sales Tax License Number: _____ EIN: _____

Date Business Established: _____ Business Telephone Number: _____

Business Physical Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Business Mailing Address: _____

(if different from physical address)
City: _____ State: _____ Zip Code: _____ County: _____

Section II

Establishment Description: See Guidance Document pages 2 & 3 for definitions.
(Check one relevant box.)

The CIAA provides for two types of Cigar Bar exceptions.

- Type I
- Type II

The CIAA provides for two types of Drinking Establishment exceptions.

- Type I
- Type II

The CIAA provides for one type of Tobacco Shop exception.

- Tobacco Shop
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Section III

For Cigar Bars only:

License Identification Number or "LID": _____ License Number: _____

Tobacco License Number: _____

Cigarette Vending Machine License Number: _____

For Drinking Establishments only:

License Identification Number or "LID": _____ License Number: _____

License Expiration Date: _____

For Tobacco Shops only:

Tobacco License Number: _____

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Section IV

Hours of Operation:
(Please enter the time in HH:MM AM/PM format)

Day	From	To	Closed
Sunday			<input type="checkbox"/>
Monday			<input type="checkbox"/>
Tuesday			<input type="checkbox"/>
Wednesday			<input type="checkbox"/>
Thursday			<input type="checkbox"/>
Friday			<input type="checkbox"/>
Saturday			<input type="checkbox"/>

Is the facility a Dance Club/Hall on certain days? Yes No

Does the facility ever have dancing and/or shows? Yes No

Is entertainment ever provided? (Disc Jockey, Bands, etc.)? Yes No

Is there ever an admission charged? Yes No

If "yes" to any of the above questions, please explain: _____

Section V

Owner/Manager Contact Information:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Owner/Manager Contact Mailing Address: _____

(if different from physical address)

City: _____ State: _____ Zip Code: _____ County: _____

Telephone Number: _____ Fax Number: _____

Email Address: _____

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Section VI

The Department of Health recognizes that the establishment may not be able to provide the required sales and use tax information for the previous twelve months. For purposes of this application for exception, the Clean Indoor Air Act allows cigar bars, drinking establishments and tobacco shops to project annual gross sales and sales of on-premises food or sales of tobacco and tobacco-related products.

Attached are copies of the following documents: (check one relevant box)

- Cigar Bar:** A Sales and Use Tax report provided to the Department of Revenue for the previous twelve months that documents the proposed exception location had total annual sales of tobacco products, including tobacco, accessories or cigar storage lockers or humidors of at least 15% of the combined gross annual sales of the establishment.
- Drinking Establishment:** A Sales and Use Tax report provided to the Department of Revenue for the previous twelve months that documents the proposed exception location had total annual sales of food sold for on-premise consumption of less than or equal to 20% of the combined gross annual sales of the establishment.
- Tobacco Shop:** A Sales and Use Tax report provided to the Department of Revenue for the previous twelve months that documents the proposed exception location whose sales of tobacco and tobacco related products, including cigars, pipe tobacco and smoking accessories, comprised of at least 50% of the gross annual sales of the establishment.
- Applicant does not have tax records** documenting the required on-premise food sales or tobacco and tobacco related product sales for the previous twelve months. A sales projection for the next twelve months is attached. (Note: the sales form is on page 6 & 7)

Section VII Form 1455 PLCB Approval Letter

When the PLCB approves an application for a liquor license, the approval letter notes the areas that are licensed. If the area for which the exception is sought has already been approved, please submit the approval letter showing the licensed areas and circle the proposed smoking area.

- Attached is a copy of the Approval Letter from the PLCB's Bureau of Licensing indicating the licensed portions of premises and further indicating the area for which the exception is sought.

Section VIII Establishment Floor Plan

For Drinking Establishment Type IIs only:

- Attached are 2 (two) copies of a floor plan/drawing of the physical layout of the establishment. The plan should show all areas of the establishment licensed by the PLCB and indicate both the proposed smoking and non-smoking areas as well as the kitchen, all entrances, restrooms and division between the proposed smoking and non-smoking areas.

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Section IX

By submitting this application I agree to the following: Access to records. A Cigar Bar, Drinking Establishment, and Tobacco Shop shall make available all books, accounts, revenues, receipts and other information to the Department of Health, the Department of Revenue, State licensing agency or county board of health as necessary to enforce the Clean Indoor Air Act.

By submitting this application, you authorize the Pennsylvania Department of Health to access any and all financial or business records filed with the Commonwealth of Pennsylvania or any of its political subdivisions or any agency, board, or commission of the Commonwealth on behalf of the establishment for which you seek an exception.

Affidavit of Business Owner:

I am aware that the information contained in this application is subject to reporting to and auditing by the Pennsylvania Department of Health, Pennsylvania Department of Revenue, Pennsylvania Liquor Control Board, the Pennsylvania State Police and/or the Bureau of Liquor Control Enforcement. 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 subject to the penalties prescribed by 18 Pa.C.S.A §4904 (unsworn falsification to authorities)

Signature of Authorized Representative: _____

Printed Name of Authorized Representative: _____

Date: _____ Title of Authorized Representative: _____

(Space for Notary):

Commonwealth of _____ County of _____

Subscribed and sworn to before me this _____ day of _____, 20__.

Notary Public of the Commonwealth of Pennsylvania

MY COMMISSION EXPIRES _____ . By. _____

Please send your completed form to:

Division of Tobacco Prevention and Control
Attention: Clean Indoor Air Act
Pennsylvania Department of Health
Room 1032 Health & Welfare Building
625 Forster Street
Harrisburg, PA 17120-0701
Fax: (717) 214-6690
Email: RA-CIAA@pa.gov

Establishment Name _____

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Section X

Establishment Name _____

Sales Projection Information Form

The CIAA requires the Department of Health to verify the below information against actual revenues with the Department of Revenue within six months of the annual projection.

Complete all the information in the associated table: Table I for Cigar Bars and Tobacco Shops; Table II for Drinking Establishments. New businesses should enter projected sales amounts beginning with the month following the month of application. Established businesses should enter actual sales information as reported to the Pennsylvania Department of Revenue for the previous twelve months reported. Sales information should be based on established sales tax return filing frequency. Monthly filers would enter sales data in each month; quarterly filers would enter sales data in March, June, September, and December; semi-annual filers would enter sales data in June and December.

TABLE I: Cigar Bar or Tobacco Shop

Enter Actual or Projected 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 <small>(All taxable & non-taxable items, including non-tobacco related products)</small>	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Total Tobacco and Tobacco Related Product Sales <small>(Both taxable and non-taxable)</small>	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$

Frequency of filing to the Department of Revenue – Enter Reporting Period Above:

Monthly (M) Quarterly (Q) Semi-Annually (S)

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TABLE II: Drinking Establishment – Bar

Establishment Name _____

Enter Actual or Projected Sales Information for the SMOKING AREA ONLY 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 (taxable & non-taxable)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Total Food Sales (including take-out)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Total On-Premises Consumption Food Sales:	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$

Frequency of filing to the Department of Revenue – Enter Reporting Period Above:

Monthly (M)

Quarterly (Q)

Semi-Annually (S)