

OFFICE USE ONLY:	ID #	ISSUED	EXPIRED	DATE RECEIVED	AMOUNT RECEIVED
					\$
<b>STATE OF MAINE</b> <b>DEPARTMENT OF HEALTH AND HUMAN SERVICES</b> <b>RETAIL TOBACCO SALES LICENSE APPLICATION</b> (PLEASE PRINT AND COMPLETE BOTH SIDES) <span style="float: right;">Questions call: 207-287-5671</span>					
<b>1. LICENSE CATEGORY</b> <i>Must check one</i> <input type="checkbox"/> NEW <span style="margin-left: 100px;"><input type="checkbox"/> CHANGE OF OWNERSHIP</span> <span style="margin-left: 100px;"><input type="checkbox"/> REINSTATEMENT</span> <span style="margin-left: 100px;"><input type="checkbox"/> DUPLICATE</span>					
<b>2. LICENSE TYPE</b> <i>Must check one. See <b>Retail Tobacco License Fees</b>* on page 3.</i> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> RETAIL TOBACCO I: &lt;30% annual gross tobacco sales  <input type="checkbox"/> RETAIL TOBACCO II: 30-50% annual gross tobacco sales  <input type="checkbox"/> RETAIL TOBACCO III: 50% &gt; annual gross tobacco sales           </div> <div style="width: 48%;"> <input type="checkbox"/> SEASONAL MOBILE FAIR: Must operate at <b>two or more</b> agricultural fairs held during the agricultural fair season (visit: <a href="http://www.maineairs.org">http://www.maineairs.org</a>)  <input type="checkbox"/> VENDING: Only tobacco products may be dispensed by that machine. Vending Machines may be located in areas in which only persons who are 21 years of age or older are allowed.           </div> </div>					
<b>3. ESTABLISHMENT INFORMATION</b> <i>All fields required. Including an active e-mail will ensure effective communications.</i>  STORE NAME/SIGNAGE (MUST INCLUDE PHOTO): _____ LOCATION ADDRESS (SUITE, APT.): _____ LOCATION ADDRESS (STREET, ROAD): _____ CITY/TOWN: _____ COUNTY: _____ STATE: <u>ME</u> ZIP: _____ - _____ CONTACT PERSON'S NAME: _____ BUSINESS TELEPHONE#: (____) ____ - ____ FAX #: (____) ____ -- ____ E-MAIL: _____ WEBSITE: _____					
<b>4. BUSINESS OWNER INFORMATION</b> <i>All fields required</i>  INDIVIDUAL OWNER(S) NAME: _____ <b>OR</b> CORPORATION, LLC, PARTNERSHIP NAME: _____ IF CORPORATION, PLEASE INDICATE NUMBER OF SHAREHOLDERS: _____ MAILING ADDRESS (SUITE, APT., BOX): _____ MAILING ADDRESS (STREET, ROAD): _____ CITY/TOWN: _____ STATE: ____ ZIP: ____ - ____ OWNER CONTACT PERSON'S NAME: _____ ADDRESS OF CORPORATE REGISTERED AGENT: _____ OWNER PHONE #: (____) ____ - ____ OWNER FAX#: (____) ____ - ____ E-MAIL: _____					
<b>5. PARTNERS OR CORPORATE OFFICERS</b> <i>Attach additional sheet as needed</i>  (NAME): _____ (TITLE): _____ (MAILING ADDRESS): _____ (NAME): _____ (TITLE): _____ (MAILING ADDRESS): _____					
<b>6. MAILING ADDRESS FOR LICENSES &amp; RENEWAL NOTICES</b> <i>All fields required. Including an active e-mail will ensure effective communications.</i>  ADDRESS NAME: _____ MAILING ADDRESS (SUITE, APT, BOX): _____ MAILING ADDRESS (STREET, ROAD): _____ CITY/TOWN: _____ STATE: ____ ZIP: ____ - ____ E-MAIL: _____					
<b>7. PREVIOUS OWNER'S INFORMATION</b> <i>Must complete if this business location previously had an active retail tobacco license.</i>  FORMER BUSINESS'S NAME: _____ RETAIL TOBACCO LICENSE#: _____ FORMER OWNER'S NAME (LAST): _____ (FIRST): _____ FORMER CORP./LLC'S NAME: _____ MAILING ADDRESS (STREET): _____ (CITY): _____ (ZIP): _____ LOCATION ADDRESS (STREET): _____ (CITY): _____					
<b>IMPORTANT</b> <b>A license may not be sold, transferred, assigned, or otherwise controlled by any person, other than the licensee. Prior owners are required to return their licenses to the Department. A license shall not be issued to another applicant until the current license and sworn statement of the former licensee are received by the Department, 22 M.R.S. §1553</b>					
PLEASE COMPLETE AND SIGN THE REVERSE SIDE OF THIS APPLICATION. <b>INACCURATE OR INCOMPLETE APPLICATIONS WILL BE RETURNED.</b>  SEE ATTACHED FEE SCHEDULE & MAIL FEE WITH COMPLETED APPLICATION FOR PROCESSING.  <b>LICENSES EXPIRE ANNUALLY ON MARCH 31<sup>ST</sup></b>					

**8. ESTABLISHMENT OPERATION** *All fields required*

ANNUAL DATES OF OPERATION FROM (Month/Day): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ to (Month/Day): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ (for example, April 1 to March 31)

Store Hours	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
<b>TIME OPEN</b>							
<b>TIME CLOSE</b>							

Fill-in the Store Hours chart above. Write/type "All" if the establishment is open 24 hours; "Closed" when the establishment is not open, or "Specify Time" with "AM or PM" in the corresponding boxes that does not contain an "All" or "Closed," for example TIME OPEN: 8 AM., TIME CLOSE: 8 PM.

**9. ESTABLISHMENT TYPE** *Required field. Must check at least one. Check all that apply of the following categories that best describe establishment type.*

<input type="checkbox"/>	CABINS/ CAMPGROUND	<input type="checkbox"/>	GOLF CLUB/ GOLF COURSE / PRO SHOP
<input type="checkbox"/>	CANNABIS / MARIJUANA	<input type="checkbox"/>	GROCERY STORE or SUPERCENTER or SUPERMARKET
<input type="checkbox"/>	CASINO	<input type="checkbox"/>	HEAD SHOP/GLASS
<input type="checkbox"/>	CIGARS	<input type="checkbox"/>	OTHER (Explain: _____)
<input type="checkbox"/>	CONVENIENCE STORE	<input type="checkbox"/>	PHARMACY
<input type="checkbox"/>	COUNTRY/ GENERAL STORE or GIFT SHOP	<input type="checkbox"/>	REDEMPTION CENTER
<input type="checkbox"/>	DELIVERY SALES OF PREMIUM CIGARS <i>Internet/ Mail Order only, Must complete Section (14.) Delivery Services of Premium Cigars Info.</i>	<input type="checkbox"/>	RESTAURANT <b>Must Complete Section 11. Establishment with on Premise Liquor. Smoking is prohibited in outdoor eating areas, 22 M.R.S. §1550. Signs shall be posted, 22 M.R.S. §1543.</b>
<input type="checkbox"/>	ELECTRONIC SMOKING DEVICES/ ELECTRONIC LIQUID/ COMPONENTS	<input type="checkbox"/>	SEASONAL MOBILE FAIR <b>Must operate two or more agricultural fairs during the agricultural fair season. Attach list of each fair, location, and dates. Full list: <a href="http://www.maineairs.org">http://www.maineairs.org</a></b>
<input type="checkbox"/>	FRATERNAL, VETERANS, or PRIVATE CLUB	<input type="checkbox"/>	TOBACCO SHOP <b>Smoking is prohibited, 22 M.R.S. §1542.</b>
<input type="checkbox"/>	GAS STATION	<input type="checkbox"/>	VENDING MACHINE <b>Separate license for each machine at each location, must complete Section 12. Only cigarettes or any other tobacco products may be dispensed by that machine.</b>

**10. TOBACCO PRODUCT SALES** *Required field. Must check at least one. Check all that apply of the following categories that best describes gross revenue.***\*Retailers that sell these tobacco products must purchase these products from an approved Maine Licensed Distributor - Complete Section 11**

<input type="checkbox"/>	*CHEWING/PIPE TOBACCO	<input type="checkbox"/>	*NICOTINE POUCHES/DISOLVABLES
<input type="checkbox"/>	*CIGARETTES	<input type="checkbox"/>	PIPES/ GLASS PIPES
<input type="checkbox"/>	*CIGARS/CIGAR WRAPS	<input type="checkbox"/>	ROLLING PAPERS
<input type="checkbox"/>	*ELECTRONIC SMOKING DEVICES/Batteries/components (whether or not they contain nicotine or cannabis)	<input type="checkbox"/>	PODS/CARTRIDGES containing CANNABIS/THC/MARIJUANA
<input type="checkbox"/>	*All OTHER PODS/CARTRIDGES	<input type="checkbox"/>	OTHER (Specify): _____
<input type="checkbox"/>	*SNUFF/SNUS	<input type="checkbox"/>	

**11. TOBACCO DISTRIBUTOR DELIVERY SERVICES INFORMATION** *Required field. Must purchase tobacco products from a licensed Tobacco Distributor. For approved Tobacco Distributors please visit: <https://www.maine.gov/revenue/taxes/other-taxes/tobacco-distributors> Attach additional sheet as needed.*

TOBACCO DISTRIBUTOR NAME: \_\_\_\_\_ PHONE #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

☐ Not applicable because establishment does not sell cigars; electronic smoking devices; liquids used in electronic smoking devices whether or not they contain nicotine (except for those containing marijuana); smoking tobacco; snuff; snus; other chewing tobaccos; or other kinds and forms of tobacco.

**12. VENDING MACHINE LOCATION** *Must Complete Section 11. Establishment with on Premise Liquor, if the location of vending machine also serves liquor.*

VENDING MACHINE LOCATION'S BUSINESS NAME: \_\_\_\_\_

BUSINESS ADDRESS (ACTUAL LOCATION) STREET: \_\_\_\_\_

CITY/TOWN: \_\_\_\_\_ COUNTY: \_\_\_\_\_ ZIP: \_\_\_\_\_

**13. ESTABLISHMENT WITH ON PREMISE LIQUOR** *Check one of the following categories that best describes your establishment. Smoking is prohibited in outdoor eating areas (a patio, deck or other property that is partially enclosed or open to the sky) that is permitted for eating or drinking under the control of the eating establishment to the public for consumption on the premises, 22 M.R.S. §1550. Signs shall be posted, 22 M.R.S. §1543.*

( ) BED & BREAKFAST ( ) BOTTLE CLUB\* ( ) CLASS A LOUNGE\* (CLASS X) ( ) HOTEL LOUNGE\* (CLASS I OR IA)  
 ( ) PRIVATE CLUB ( ) RESTAURANT LOUNGE (CLASS XI) ( ) TAVERN\* (CLASS IV) ( ) OTHER \_\_\_\_\_

(\*) indicates minors are prohibited unless accompanied by a parent or guardian

**14. DELIVERY SERVICES OF PREMIUM CIGARS INFORMATION** *Applicable only if you deliver premium cigars, see 22 M.R.S. §1555-C. for provisions.*

DELIVERY SELLER'S NAME: \_\_\_\_\_ WEBSITE: \_\_\_\_\_

WAREHOUSE LOCATION STREET (from which products are shipped): \_\_\_\_\_

TOWN/ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**15. COMPLIANCE WITH APPLICABLE LAWS AND REGULATIONS**

The undersigned applicant acknowledges that upon licensure he, she or it shall abide by all laws and regulations related to the operation and administration of a retail tobacco establishment, and shall allow agents of the Department of Health and Human Services onto its licensed premises at all reasonable times for the purpose of licensing inspections to assure that the applicant is in compliance with all relevant Departmental statutes and regulations.

**16. SIGNATURE OF APPLICANT** *All fields required*

This application must be signed and dated by the owner, managing partner, or any other person authorized to sign on behalf of the owner, or if corporation by registered agent. I declare that this application is true and complete and that I am 18 years of age or older.

X \_\_\_\_\_ Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**Any attempt to deceive public officials by making false statements in this document is a Class D Crime, 17-A M.R.S. §453.**

STATE OF MAINE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
MAINE CENTER FOR DISEASE CONTROL AND PREVENTION  
DIVISION OF ENVIRONMENTAL HEALTH  
HEALTH INSPECTION PROGRAM

**Retail Tobacco Licenses Expire Annually on MARCH 31<sup>st</sup>.** Renewals are accepted 60 days prior to **March 31<sup>st</sup>.** After April 30<sup>th</sup> a late fee of \$25.00 will be added with a potential civil violation penalty for selling without a valid license. **Annual Fees** are listed below under the **April 1 – June 30 column.** Annual Retail Tobacco License Fees are **Prorated** when obtained each quarter after June 30.

Retail Tobacco License Fees*				
	<b>April 1- June 30 (Annual Fee)</b>	<b>July 1- September 30 (Prorated Fee)</b>	<b>October 1- December 31 (Prorated Fee)</b>	<b>January 1- March 31 (Prorated Fee)</b>
Retail Tobacco I < 30% annual gross revenue from total cigarette tobacco sales	<b>\$100</b>	\$75	\$50	\$25
Retail Tobacco II > or = 30-50% of annual gross revenue from total cigarette tobacco sales	<b>\$125</b>	\$94	\$63	\$32
Retail Tobacco III > 50% of annual gross revenue from total cigarette tobacco sales	<b>\$150</b>	\$113	\$75	\$38
Seasonal Mobile Fair Tobacco Vendor License**  <b>**must operate at two or more agricultural fairs held during the agricultural fair season</b>	<b>\$50 for the first fair location + \$10 for each additional fair location</b>	\$50 for the first fair location + \$10 for each additional fair location	\$50 for the first fair location + \$10 for each additional fair location	\$50 for the first fair location + \$10 for each additional fair location
Tobacco Vending Machine	<b>\$50</b>	\$38	\$25	\$25

*\* FROM RULES RELATING TO THE SALE AND DELIVERY OF TOBACCO PRODUCTS IN MAINE*

*10-144 CMR Chapter 203  
Section 3. A.1. Application and fees.*

Please Make Check or Money Order Payable to: **Treasurer, State of Maine**

And Mail Correct Annual Fee or Prorated Fee with Completed Application to:  
Department of Health and Human Services  
Health Inspection Program,  
11 State House Station  
Augusta ME 04333-0011

## **RETAIL TOBACCO SALES BRIEF COMPLIANCE TIPS**

### **What is a Tobacco Product?**

A tobacco product is a product that is made from or derived from tobacco, or that contains nicotine, that is meant to be smoked, heated, chewed, absorbed, dissolved, inhaled or ingested by any other means. Tobacco products includes, but are not limited to, cigarettes, cigars, hookah, pipe tobacco, chewing tobacco, snuff, snus, electronic smoking devices, and any component or accessory used in the consumption of a tobacco product, such as filters, rolling papers, pipes and liquids used in electronic smoking devices, whether or not they contain nicotine. Matches and lighters are not considered tobacco products.

### **A retail tobacco sales license required**

A person or entity must obtain a retail tobacco license in order to sell or give away tobacco products including cigarettes, cigars, hookah, pipe tobacco, chewing tobacco, snuff, snus, electronic smoking devices and any components or accessories used in the consumption of tobacco products, such as filters, rolling papers, pipes and liquids used in electronic smoking devices, whether or not they contain nicotine. Any and all sales of tobacco products by a retailer without a retail tobacco license may result in criminal charges, imprisonment, and fines in excess of \$1,000 per violation.

Licenses are issued by the Health Inspection Program at the Maine Department of Health and Human Services. Licenses are due annually by April 1<sup>st</sup>. Licenses may be renewed **60 days prior to expiration of March 31<sup>st</sup>**.

### **Tobacco 21**

A person may not sell, furnish, give away or offer to sell, furnish or give away a tobacco product to any person who is younger than 21 years old. Tobacco products may not be sold to any person under 30 years old unless the seller first verifies that person's age by means of reliable photographic identification containing the person's date of birth.

A notice must be posted by the tobacco retailer explaining that sales of tobacco products to people who are younger than 21 years old are prohibited. Notices must be displayed clearly in the retail store.

**Free Signage** available: <https://www.maine preventionstore.com>

### **Display of Tobacco Products for sale**

Tobacco products must be displayed or offered for sale in a manner that does not allow the customer direct access to the tobacco products. Tobacco Products must be placed behind the sale counter or in a locked display case, where only the age appropriate sale clerk can obtain the tobacco product.

### **No Online Sales, face-to-face transactions only**

Tobacco products may only be **sold in a direct, face-to-face exchange in which the customer may be clearly identified**. It is illegal to sell or deliver tobacco products to Maine consumers online or over the phone. For direct, face-to-face sales, employees who sell tobacco products must be at least 17 years of age. An employee who is 17 years of age or older and under 21 years of age may sell tobacco products only in the presence of an employee who is 21 years of age or older and is in a supervisory capacity.