



Business Plan Addendum (Cigarette/Tobacco Sales)

BUSINESS NAME: _____ **BUSINESS ADDRESS:** _____

All applicants must provide details related to the business plan at the establishment for which a license is being requested. Please complete the following document and attach supporting documents as needed.

a. List hours of operation (Sunday – Saturday):

b. List/check-off the typical products to be sold in the establishment (use additional pages if necessary) and note any additional licenses you will be obtaining:

- Cigarettes Electronic cigarettes Pop, bottled water, etc. Clothing
- Tobacco wraps & cones Electronic cigarette parts Candy, chips, etc. Household items
- Cigars Chewing tobacco Hot/cold prepared food Groceries
- Other Products and Licenses: _____

c. Will any food consumption be allowed on the premises? (circle one) YES NO

If yes, describe in detail what type of food service will be provided and/or consumption allowed: (If applicable, provide a copy of your menu)

d. Will there be any seating in the establishment for customers/patrons? (circle one) YES NO

If yes, explain what the seating will be used for, and the anticipated length of time people will spend in the establishment:

e. Will there be any entertainment such as televisions, gaming devices, table games, music, etc.? (circle one) YES NO

If yes, list in detail and describe planned usage:

f. Will any of the following occur on the premises:

- i. Sale of flavored tobacco products or e-cigarette “juice” (e.g. cherry, mint, wintergreen, menthol, etc.)? (circle one) YES NO
- ii. Sampling of tobacco products including e-cigarette “juice”? (circle one) YES NO

If yes to either of the questions under “f.” please provide the following additional information:

1. What is the estimated percentage of your total sales that will come from tobacco related products? _____
2. What will the minimum age be to enter the establishment? _____
Describe what actions will be taken to enforce the minimum age requirement:
3. Describe how the sampling will occur (e.g., at the counter, sitting in chairs, etc.) and how you will regulate the sampling, including the estimated length of time customers will be on the premises sampling product:

Print Name: _____ Signature: _____ Date: _____