

## APPLICATION FOR SMOKE-FREE WORKPLACE EXEMPTION

This form is to be used to apply for the smoke-free workplace exemption from the Department of Health Functions Clarification Amendment Act of 2006 (D.C. Official Code § 7-741.01 et seq.) and the exemptions requirements provided in 20 DCMR § 2105. The checklist is provided for you to review and ensure you submit a complete application successfully. Submission of an incomplete application will delay processing and review.

### Checklist

The enclosed/attached application for an exemption from the *Department of Health Functions Clarification Amendment Act of 2006* includes documentation as follows:

- Completed DC Health Application for Smoking Exemption
  - Establishment owner signature
  - Notarized declaration form
  - Acknowledgement by Certified Public Accountant
- Current certificate of occupancy, cigarette retail or wholesale license **and** business licenses.
  - Current year
  - Previous two years
- Tobacco sales revenue as a percentage of your gross revenue  
*Tobacco is taxed at a different rate than other products, therefore revenue for on-site tobacco sales cannot be bundled with revenue from any other products in your reporting.*
  - Submission of a summary balance sheet in Excel/Quickbooks to document this information is recommended
  - Rentals for on-site humidor or pipe rentals and vending machine sales **must be listed separately from total tobacco revenue**
- Signed tax returns for the previous two years
  - DC tax returns
  - Federal IRS tax returns
- District of Columbia Tax Registration
- Clean Hands certificate issued within the last 60 days

Upon completion of the application please submit this form to DC Health either through mail, fax, or e-mail:

**Mail:** DC Health  
Tobacco Control Programs  
899 N. Capitol Street, NE, 3<sup>rd</sup> Floor  
Washington, DC 20002

**Fax:** 202-442-4825

**Email:** [Tobaccocontrol@dc.gov](mailto:Tobaccocontrol@dc.gov)

*Tobacco Control Programs staff will communicate only with the business owner or assigned agent regarding details of the application other than status (received, approved, denied).*

## Affidavit of Business Operator

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

### Type of Application

1.  New application

Renewal application

Expiration date of current exemption

### Business Information

2. **Business Name**

**DBA (if applicable)**

3. **Business License Number**

**Type of Business License (Retail, Restaurant, etc)**

4. **Cigarette License Number**

**Type of Cigarette License**

Cigarette Retail     Cigarette Wholesale

5. **Business Establishment Street Address**

City

State

Zip Code

6. **Mailing Address of Business if different than Establishment Street Address**

City

State

Zip Code

7. **Business Establishment Website**

6. **Business Establishment Email**

8. **Business Establishment Phone Number**

**Business Owner Information**

**10. Name of Primary Owner(s) as Listed on the Business License**

**11. Contact Information for Primary Business Owner**

Mailing Address of Primary Business Owner (if different from address provided in Question #4 or #5)

City

State

Zip Code

Primary Owner Email

Primary Owner Phone Number

**12. Registered Agent's Name\* (Secondary Contact)**

Registered Agent Email (Secondary Contact)

Registered Agent Phone Number

*\*Tobacco Control Programs staff will communicate only with the business owner or assigned agent regarding details of the application other than status (received, approved, denied)*

## Declaration Form

**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 in D.C. Law 16-90; D.C. Official Code § 7-741.01, 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 hereby authorize the Department of Health (DC Health) to access my financial records to determine whether I qualify for an exemption under D.C. Law 16-90; D.C. Official Code § 7-741.03 and to perform annual audits to determine my continued eligibility for exemption.

- I attach hereto true copies of the certificates of occupancy for the premises at which the proposed exempt establishment is located as of the date of this application.
- I acknowledge that the information contained in this application is subject to reporting to and auditing by the Department of Health.
- I acknowledge that the sale, distribution, or facilitation of the sale or distribution of flavored tobacco products, including hookah, is prohibited for the proposed exempt establishment.
- I acknowledge that the sale of electronic devices is prohibited if the proposed exempt establishment is within a quarter mile of a middle or high school.
- I declare that smoking has not been permitted in the establishment in accordance with the laws and regulations of the District of Columbia.
- Check one:
  - The proposed exempt establishment is a freestanding establishment that is not located in whole or in part within another establishment at which smoking is prohibited pursuant in D.C. Law 16-90; D.C. Official Code § 7-1703.
  - The proposed exempt establishment is located within another establishment at which smoking is prohibited pursuant in D.C. Law 16-90; D.C. Official Code § 7-1703.

*\*This includes hookah bars and lounges.*

## Declaration Form Acknowledgement

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

Applicant's Name

Applicant's Signature

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
Notary Public

My Commission expires:

### Acknowledgement by Certified Public Accountant

17. Business Name of Proposed Exempt Establishment

Address of Proposed Exempt Establishment

- I am a Licensed Certified Public Accountant
- I am aware that the information contained in this application is subject to reporting and auditing by the District of Columbia Department of Health.

18. Name of Certified Public Accountant

20. CPA License Number

21. CPA Phone Number

22. CPA Email

23. Signature

---

---

**For office use only:**

Application received: \_\_\_\_\_

Application review finalized: \_\_\_\_\_

Staff: \_\_\_\_\_

Print Name

Signature

Updated 1/24/2023