Monmouth County Regional Health Commission #1
1540 West Park Avenue, Suite 1
Ocean, New Jersey 07712
Telephone (732) 493-9520
Facsimile (732) 493-9521
www.mcrhc.org

OFFICE USE ONLY

TOBACCO RETAIL ESTABLISHMENT CLAIM OF EXEMPTION APPLICATION

The **New Jersey State Sanitary Code, Chapter 6. Smoke-Free Air, N.J.A.C. 8:6-4.1** requires that Notice of Claim of Exemption of a Tobacco Retail Establishment be provided to the health authority of jurisdiction whenever a new Tobacco Retail Establishment is proposed, and thereafter on an annual basis (by April 15 of each year). The operation of a new Tobacco Retail Establishment may not be initiated until the Monmouth County Regional Health Commission #1 Application, appropriate fee, all required State of New Jersey affidavits (business operator, licensed CPA, registered architect/professional engineer), and any supporting documentation or information have been completed and submitted to the health authority, and qualification of exemption is confirmed by the health authority. Continued operation of an existing Tobacco Retail Establishment may not proceed unless all renewal documents are submitted and received by the Monmouth County Regional Health Commission #1 by April 15 of each year.

TOBACCO RETAIL ESTABLISHMENT CLAIM OF EXEMPTION FEES (Monmouth County Regional Health Commission #1 Ordinance No. 17-06). The fees for review and processing of Notice of Claim of Exemption of Tobacco Retail Establishments is determined by status as Initial or Renewal.

ESTABLISHMENT INFORMATION
Trade Name
Owner or Corporate Name
Establishment Address
City, State, Zip Code
Establishment Telephone Number ( )

PROJECT/OPERATOR CONTACT
Name
Address
City, State, Zip Code
Telephone Number ( )
E-Mail Address

INITIAL PROJECT INFORMATION	
Anticipated start date:	
Anticipated completion date:	

Type of Business		
	Freestanding	**Submit Affidavit Section 1 AND 2**
	Not Freestanding	**Submit Affidavit Section 1, 2 AND 3**

Type of Claim		
	Initial	**Fee $235**
	Renewal	**Fee $75**

TOTAL AMOUNT DUE:	**$**

Return this form with your completed affidavits, and any supporting documentation and/or information, with check made payable to:

MONMOUTH COUNTY REGIONAL HEALTH COMMISSION #1

Applicant Name (Print):	**Applicant Signature:**	**Date:**

Please direct all inquiries to the Health Department at 732-493-9520