



Tobacco Bar Permit Application

City of Houston

Department of Health and Human Services
Smoking Ordinance Enforcement Program

Permit Number: _____ Date Issued: _____ Date Received: _____ Paid: _____

Type of Annual Permit: Initial: Renewal:

IMPORTANT NOTICE

All questions in this application must be answered completely. Providing false or incorrect information will be grounds for the permit to be denied, or if granted, revoked. The permit fee is not refundable.

Print clearly. Read and follow the Tobacco Bar Permit Application Instructions.

Establishment Name _____

Physical Address _____ Houston, TX Zip Code _____

Telephone # _____ Fax # _____

E-mail Address _____

Owner's Full Name _____

Home Address _____ City _____ Zip Code _____

Driver License # _____

Attach Items 1-6 of Tobacco Bar Permit Application Instructions to Application and Permit Fee.

The listed establishment meets the following requirements:

- It is devoted to the serving of alcoholic beverages for consumption by guests on the premises.
- It derives at least 60 percent of its gross revenues from the sale of alcoholic beverages for on premise consumption.
- It derives more than 20 percent of its gross revenues from the on site sale or rental of tobacco products and smoking accessories for consumption or use on the premises.
- It restricts entry to individuals 18 years of age and above.
- It was a tobacco bar that was in operation on or before September 1, 2006.
- It operates an air ventilation and purification system using the best available technology.
- It offers comprehensive health insurance to its employees, including a substantial employer contribution.

Signature of Applicant

State of Texas _____ §

_____ §

County of Harris _____ §

Before me, the undersigned authority, personally appeared _____, known to me to be the person whose name is subscribed to the foregoing application and, being by me first duly sworn, declared that the statements contained therein are true and correct.

Sworn to and subscribed before me this _____ day of _____, 20____.

**NOTARY PUBLIC in and for
THE STATE OF TEXAS**

My commission expires: _____