



Retail Tobacco and Paraphernalia Sales Discontinuation Form

Instructions:

If you are no longer selling tobacco and paraphernalia products, please provide the date you stopped selling below and sign and return the entire form to "Norwood City Board of Health," 2059 Sherman Avenue, Norwood, Ohio, 45212

Business Name (DBA)		Federal Tax ID Number	
Business Address		Business Phone	
City	State	Zip Code	
Business Email		Owner Name	
Owner Name		Corporation Name (if applicable)	
Owner Address		Owner Phone	
Owner City	Owner State	Owner Zip Code	
Owner Email		Owner Date of Birth	
If the owner is a corporation or partnership, list all partners and/or corporate members here:			
Name	Title	Date of Birth	
Name	Title	Date of Birth	
Name	Title	Date of Birth	
Name	Title	Date of Birth	
Name	Title	Date of Birth	
Name	Title	Date of Birth	

Date stopped selling tobacco and paraphernalia

Today's Date

Printed Name of Business Owner/ Legal Representative

Title of Business Owner/ Legal Representative

Signature of Business Owner/ Legal Representative