



## Smoking Lounge Application

### INSTRUCTIONS

#### APPLICANT:

- Complete the Smoking Lounge Application and include the following attachments:
  - \$100.00 NON-REFUNDABLE Application Fee** (cash, debit card, check or money order made payable to the "City of Troy")
  - A **SCALE** drawing of the premise on which the business will be conducted, showing uses of proposed space including: exit, public restroom, drinking fountain, useable floor area, and area dedicated to smoking
  - Most recent Financial Statement** showing gross revenue, smoking lounge revenue, and advertising expenditures
  - Most current "Notice of Decision – Exemption From Smoke Free Law"** issued by the State of Michigan Department of Community Health for this location
  - Required documents for Corporation/Limited Liability Corporation/Partnership** (See Page 2 of application)
- Submit the completed application to the City Clerk's Office

#### CITY CLERK'S OFFICE:

- Review accuracy of the completed application and attachments
- Process payment; print receipt for the applicant; write receipt info on bottom of application
- Route application electronically to approving department(s) for approval/denial

#### APPROVING DEPARTMENT(S):

- Reviews application and notifies City Clerk's office of approval/denial

#### CITY CLERK'S OFFICE:

- Denial - Notifies applicant.
- Approval – Prepares license, and issues to applicant.



# Smoking Lounge Application

(Businesses with more than 50% of interior floor space dedicated to smoking or businesses with smoking lounge revenue greater than 35% of gross revenue or greater than 35% of advertising expenditures dedicated to advertising smoking at the establishment.)

New     Renewal    Fee: \$100.00

Date \_\_\_\_\_

Business Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Troy, MI    Zip \_\_\_\_\_

Legal Name of Manager/Operator \_\_\_\_\_

List Any Aliases \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Primary Phone \_\_\_\_\_

Email \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Driver's License # \_\_\_\_\_ State Issued \_\_\_\_\_

Length of Residency in Michigan \_\_\_\_\_

Experience in operating a smoking lounge: (List name of lounge, years and address)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been arrested or convicted of a crime?     Yes     No

If yes, state when and where \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Past Employment Experience: \_\_\_\_\_

\_\_\_\_\_

I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to questions. I understand that any omissions or false statement on my application shall be sufficient cause for rejection of my application. This application shall not be completed by anyone other than the applicant.

\_\_\_\_\_  
Applicant's Signature

**SEE REVERSE SIDE OF THIS FORM FOR  
ADDITIONAL INSTRUCTIONS AND REQUIRED ATTACHMENTS**

## REQUIRED ATTACHMENTS:

1. A **SCALE** drawing of the premise on which the business will be conducted, showing uses of proposed space including: exit, public restroom, drinking fountain, useable floor area, and area dedicated to smoking
2. Most recent Financial Statement showing gross revenue, smoking lounge revenue, and advertising expenditures
3. Most current “Notice of Decision – Exemption From Smoke Free Law” issued by the State of Michigan Department of Community Health for this location

## PARTNERSHIP/CORPORATION APPLICATION INSTRUCTIONS:

If the applicant is a partnership, each active partner shall join in the application for the license, and shall furnish the information and recommendations required of an individual applicant.

If the applicant is a corporation authorized to do business in this State, the agent of the corporation who will have principal charge of the premises established shall make the application, and the application shall contain all of the facts and recommendations required in the case of an individual. The license issued to a corporation is revocable upon a change in the agent managing the premise, and a new license may be required by the City Council of the City of Troy before a new agent may take charge of the premise.

If the applicant is a limited liability company, the name and address of each member, manager and assignee of a membership interest shall be listed, and the articles of organization shall be attached to the application.

*Approval of this application is determined by the Building, Fire and Police Departments*

For more information, please refer to the City of Troy Code of Ordinances:

- [Chapter 60, Fees](#)
- [Chapter 77, Smoking Lounges](#)