



Questionnaire for Applicants for a Permit to Operate a Non-Tobacco Hookah Establishment (Required)

1. Did your establishment generate **fifty** percent or more of its total annual gross sales during the preceding calendar year from the on-site sale of non-tobacco smoking products?
- Yes No

State the percentage of total annual gross sales generated by non-tobacco smoking products for the most recent completed calendar year: _____%

2. Was this non-tobacco hookah establishment operating as of October 17, **2017**?
- Yes No

If you answered “No” to either question, you may not apply for this license.

Do you currently own a Food Service Establishment (FSE) Permit?

- Yes No

If yes, please enter the FSE Record ID No. _____

Signature: _____

Date: _____

Name (Print): _____

Date: _____