

ONEIDA COUNTY HEALTH DEPARTMENT

800 Park Avenue, Utica, New York 13501

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CLEAN INDOOR AIR ACT WAIVER APPLICATION

The following guidelines and requirements pertain to all applicants:

- All information provided in this application package must be either typed or printed clearly in ink.
- The name of the applicant or entity must be the same on all supporting documentation submitted.
- The application must be completed in all required sections and signed where indicated.
- All applicants must have a current, valid permit (if applicable) issued by the Oneida County Health Department at the time of application.

Please also be aware of the following:

- **A waiver, if granted, will be granted until December 31, 2005.** At the end of this period, the applicant may apply for a three-year renewal of its waiver.

APPLICATION

SECTION A – Check the correct box to indicate the basis for which a waiver is sought:

- Undue Financial Hardship – Complete Sections B, C, E, F, G, and H
- Other Factors Exist Which Would Render Compliance Unreasonable – Complete Sections B, D, E, F, G, and H

SECTION B – Complete all areas in this section:

1. Name of Applicant: _____
2. Permit Number (if applicable): _____
3. Legal Status (check one): Corporation, LLC, Partnership, Individual
4. Name of that Legal Entity: _____
5. Name of Establishment Seeking Waiver: _____
6. Address of Establishment: _____

7. Telephone Number of Establishment: _____
8. Business Nature of Establishment (check one):
 - Food Service (Primarily sale of food for on-premises consumption)
 - Bar that serves prepared food
 - Bar that serves pre-packaged snacks only
 - Other Entertainment (Bowling Alley, Billiards Hall, etc.)
 - Professional Office (Physician, Lawyer, Insurance, Real Estate, etc.)
 - Factory or other Industrial
 - Other – Please Specify: _____

9. Number of Employees in Your Establishment (check one):

- 1 2-10 11-25
 26-50 More than 50

10. Size of Your Establishment (in square feet): _____

11. Where is Your Establishment Located (check one):

- Business District Residential Area Rural Area

12. Establishment's Current Hours of Operation:

| | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|-------|--------|--------|---------|-----------|----------|--------|----------|
| Open | | | | | | | |
| Close | | | | | | | |

SECTION C – Financial Hardship

1. Since the enactment of the Clean Indoor Air Act (July 24, 2003), have you experienced a undue financial hardship due to compliance with the Act? Yes No

2. Explain why this undue financial hardship is related to the Clean Indoor Air Act. Attach additional sheets if necessary:

3. Provide documentation to support your explanation above. Such documentation may include, but is not limited to the following:

- Exact copies of New York State sales tax statements that were submitted by the applicant to the State of New York that show at least a ten percent (10%) reduction in New York State sales tax receipts from the sale of food and beverages for a period of at least three (3) consecutive months during which the facility has operated smoke-free as compared to the combined average of such receipts during the same period of at least three (3) consecutive months in the two (2) years immediately prior to such smoke-free operation;
- Receipts and other documentation proving that the applicant made capital expenditures prior to July 24, 2003 that were related to providing a smoke-free environment at the establishment and that the establishment is now unable to recoup the costs of such expenditures;
- Other documents and proof that demonstrate that compliance with a specific provision of the Clean Indoor Air Act would cause undue financial hardship to the applicant. Applications using this factor to show undue financial hardship will be judged on a case-by-case basis and may require the applicant to appear before Oneida County Health Department officials to explain such other manner of undue financial hardship.

SECTION E – Plan to Minimize the Adverse Effects of the Waiver

Under the Clean Indoor Air Act, every waiver granted shall be subject to such conditions or restrictions as may be necessary to minimize the adverse effects of the waiver upon persons subject to an involuntary exposure to second-hand smoke and to ensure that the waiver is consistent with the general purpose of the Act.

While this plan will not be used to determine whether you receive a waiver, if you do receive a waiver, this plan may become a condition or restriction on your waiver.

1. Provide the details of your plan to minimize the adverse effects of the waiver upon persons subject to an involuntary exposure to second-hand smoke. “Persons subject” may include patrons, employees, contractors, vendors, and other persons who may have reason to be in your establishment. Attach additional sheets if necessary.

SECTION F – Checklist of Attachments

1. Established Business – Documentation proving either:
 - The undue financial hardship faced by the establishment in complying with the Clean Indoor Air Act; or
 - The other factors that exist which would render compliance with the Clean Indoor Air Act unreasonable.
2. New Business – The same documentation as required above, but only for the months during which you were in operation.
3. Copy of:
 - If Individual Owner – Business Certificate of Ownership
 - If Corporation or LLC – Filing Receipt or “Authority to Conduct Business” Certificate
 - If Partnership – Business Certificate and Current Partnership Agreement

4. Plan to minimize the adverse effects of the waiver upon persons subject to an involuntary exposure to second-hand smoke and to ensure that the waiver is consistent with the general purpose of the Act. (This may be written on this application.)
5. Any additional information that it feels will show its need and qualification for a waiver from the application of the Clean Indoor Air Act.

Note – The Oneida County Health Department reserves the right to request additional information necessary to make a final decision on a waiver application.

SUBMITTING THIS APPLICATION:

Submit completed applications and supporting documentation to:

Oneida County Health Department
Environmental Health Division
800 Park Avenue
Utica, New York 13501

This application will be reviewed to ensure that all forms have been correctly completed and that all required documentation is included. If all required documentation is not provided, you will be so notified, and your application will not be processed until it is complete.

SECTION G - Acknowledgement and Certification

I, _____, state that I am the _____
of _____, and have completed the above application and that the
statements made therein and the documents submitted are truthful to the best of my knowledge. I
further acknowledge that I and the persons I represent are fully aware of the consequences,
including the forfeitures and civil and criminal penalties, which may result if any statement and
document provided is determined to be false.

Dated: _____ Signature: _____

Sworn to before me this _____ day of _____, 200__.

Notary Public