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## Smoke Shop (B45) Operating Information Questionnaire

1. Do you sell cigars, cigarettes or tobacco?



O No

- 2. Do you sell foodstuffs? (Foodstuffs are prepacked food and drinks. For example chips, pop etc.)
  - O Yes



3. Do you sell vapour products?



- O No
- 4. What is the square footage of your business premises?
- 5. How many parking spaces do you have designated to your business? (Please note that street parking or shared parking does not apply to this question)

Date:

Client Name:

Client Signature: