

Smoke Shop (B45) Operating Information Questionnaire

1. Do you sell cigars, cigarettes or tobacco?

Yes

No

2. Do you sell foodstuffs?

(Foodstuffs are prepacked food and drinks. For example chips, pop etc.)

Yes

No

3. Do you sell vapour products?

Yes

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: