

## **Vapour Product Retailer (B59) Operating Information Questionnaire**

1. Are you registered or will be registered with Toronto Public Health as a Specialty Vape Store (*registration with Toronto Public Health is required if you sell more than 85% vape*)?

- ☐ Yes
- ☐ No

2. Do you sell cigars, cigarettes, or tobacco?

- ☐ Yes
- ☐ No

3. Do you sell foodstuffs?

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

- ☐ 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: