

Form RI-7665

Smoking Bar Return and Revenue Report

Legal name of business			Federal employer identification/social security number		
Doing business as			For the period ending:		
			MM/DD/YYYY		
Address			Address 2		
City, town or post office		State	ZIP code	E-mail address	

Return and Report of Revenues under R.I.G.L. § 23-20.10-2(15)

In accordance with R.I. Gen. Laws §§ 23-20.10-2(15) and 6, a smoking bar is exempt from provisions of the prohibition of smoking in public places. Specifically, R.I. Gen. Laws § 23-20.10-2(15) defines “Smoking bar” as:

...an establishment whose business is primarily devoted to the serving of tobacco products for consumption on the premises, in which the annual revenues generated by tobacco sales are greater than fifty percent (50%) of the total revenue for the establishment and the serving of food or alcohol is only incidental to the consumption of such tobacco products. Effective July 1, 2015, all existing establishments that open thereafter must demonstrate quarterly, for a period of one year and annually thereafter, that the annual revenue generated from the serving of tobacco products is greater than fifty percent (50%) of the total revenue of the establishment, and the serving of food, alcohol, or beverage is only incidental to the consumption of such tobacco products. Every owner of a smoking bar shall register no later than January 1 of each year with the division of taxation and shall provide, at a minimum, the owner’s name and address and the name and address of the smoking bar. The division of taxation in the department of revenue shall be responsible for the determination under this section and shall promulgate any rules or forms necessary for the implementation of this section. (emphasis added)

Part A: Certification and Revenue Report

CERTIFICATION

I hereby certify that the above noted business is a “Smoking Bar” as defined above, and that:

1 Total revenues for this period.....	1	
2 Tobacco revenues	2	
3 Food and beverage revenues.....	3	
4 Other revenue.....	4	
5 Date business commenced.....	5	
6 Hours of operations (days and hours).....	6	
7 Do you have a liquor license?.....	7	YES <input type="checkbox"/> <input type="checkbox"/> NO
8 If applicable, enter your business’ website address.....	8	www.

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Part B: Tobacco Distributor Listing

Please list the tobacco distributors, both licensed and unlicensed, who supply the business with tobacco products by name, address, and phone number on the lines below. Attach a separate page if necessary.

Part C: Penalty of perjury

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, it is true, accurate and complete.

Authorized officer signature	Date	Telephone number
Paid name		Email address

Notary Public – Jurat

On this _____ day of _____, 20____, before me, the undersigned notary public, personally appeared _____ (name of the document signer), proved to me through satisfactory evidence of identification, which were _____, to be the person who signed the preceding and attached document(s) in my presence, and who swore or affirmed to me that the contents of the document are truthful and accurate to the best of his or her knowledge and belief.

_____ (official signature and seal of notary)

My commission expires: _____

Instructions

Quarterly filers: If you are within your first year of being open, you must file this report quarterly. In the header, enter the period end date that corresponds with the quarter for which this report is being filed. All revenue amounts and other information should be just for the quarter being reported on this return.

Annual filers: If you have been operating for more than a year AND have filed four quarterly reports for that initial year, you must now file this report annually. In the header, enter the period end date that corresponds with the calendar year for which this report is being filed. All revenue amounts and other information should be just for the year being reported on this return.