TOBACCO SHOP ASSESSMENT FORM PLANNING DEPARTMENT GREENVILLE, NORTH CAROLINA

Applicant Name:		Phone Number:		
Email:				
Proposed Address:				
Please Select Desired Use:	Convenience Store	Tobacco Shop (Class 1)	Tobacco Shop (Class 2)	
Products to be Sold:				
* * *	ınter medications, household	* * * *	food and beverage products, personal n combination from a limited inventory	
but not limited to, cigarettes, cig this definition, a substantial por (1) At least 20% of the est tobacco products as provided he	gars, chewing tobacco, shisha tion of the use is established i ablishment's floor area oper erein; or	n, unformed or loose tobacco, and/o if: n and accessible to customers is u	ail sales of tobacco products including, or similar products. For the purpose of sed for the display and/or stocking of	
products as provided herein. Tobacco Shops (Class 1) are all CDF (Downtown Commercial Greenville. However, no tobac measurement shall be made from	owed by special use permit in Fringe), CG (General Commos shop (class 1) shall be lon the exterior wall of the prop	n the MCH (Medical-Heavy Commercial), and CH (Heavy Commerciated within a 500-foot radius of	nublic rights-of-way advertises tobacconercial), CD (Downtown Commercial), ercial) zoning districts in the City of an existing or approved school. This nearest exterior wall of any existing or area.	
hookah pipes; bowls; water bon Tobacco Shops (Class 2) are al districts. No tobacco shop (class	gs; or similar products. lowed by special use permit ss 2) shall be located	in the CG (General Commercial) within a one-half mile (2,640	and CH (Heavy Commercial) zoning foot) radius of an existing or ocated within a 500-foot radius of the	
(a) An existing conforming(b) Any single-family res(c) An existing or approv	ng use single-family dwelling idential zoning district; and ed school, church, park or mu	ulti-family use.		
or approved tobacco shop (class	1 or 2), existing conforming se. The measurement shall be le-family residential zoning d	use single-family dwelling located made from the exterior wall of the district or park.	the nearest exterior wall of any existing in any district, or existing or approved proposed tobacco shop (class 2) to the	
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I hereby certify that I have given conditions of the permit approva		information on this form to the best	of my knowledge and I understand the	
I further understand that a specia	al use permit of the Board of	Adjustment will be required prior t	o any operation of the activity.	
Signature of Applicant:		Date:		