



## Claim of Exemption by Drinking Establishment from Kenton County Smoking Ordinance

*per Kenton County Ordinance No. 451.15*

Name of Establishment: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Permit number (if applicable): \_\_\_\_\_

Owner/Operator: \_\_\_\_\_

Address (if different): \_\_\_\_\_

I, \_\_\_\_\_, owner/operator of the above listed establishment, submit that it be exempted from the requirements of the Kenton County Smoking Ordinance. I confirm that it meets all of the requirements for exception, and will continue to do so, in compliance with Ordinance No. 451.15. I understand and agree that should the establishment not continue to meet all requirements the exemption will be voided, the conditions of the ordinance must be followed, and the establishment must notify the Health Department at that time.

**The below conditions must be met for drinking establishment to claim exemption from the smoking ordinance.** By checking an item below, the establishment confirms it meets the requirements listed. (See ordinance for full description)

- Establishment is licensed to operate under Kentucky Revised Statute Chapters 241 to 244, and to which access is denied to any person under the age of 18 and does not employ any individual under the age of 18.

**OR**

- After 4 p.m.**, no one under 18 is admitted or employed at the establishment **and** it is licensed to operate under KRS Chapter 241 to 244, and **prior to 4 p.m.** it is smoke-free and meets all ordinance requirements. (split-shift operation)

**OR** (all the below)

- Is an enclosed area **within** an establishment that is licensed to operate under Kentucky Revised Statute Chapters 241 to 244, and to which access is denied to any person under the age of 18 and does not employ any individual under the age of 18
- Is a physically connected or directly adjacent enclosed area which is separate from the remainder of the establishment in a public building and has a separate entrance
- Has a separate air system** (Owner may later be required to show verification, including by HVAC professional if deemed necessary)

Request and any accompanying documentation is to be submitted to:

Northern Kentucky Health Department  
Environmental Health and Safety  
610 Medical Village Drive  
Edgewood, KY 41017

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

-----**Health Department use only below this line**-----

Date Received: \_\_\_\_\_ Date Processed: \_\_\_\_\_

Meets Requirements?  YES  NO By: \_\_\_\_\_