



City of Florence, South Carolina

324 W. Evans Street, Florence, SC 29501-3431

Phone: (843) 665-3113 / Fax (843) 665-3110

PETITION FOR DESIGNATED SMOKING AREA

DATE: _____

Petitioner

Name: _____ Business Name: _____

Street Address: _____

Mailing address: _____

Telephone Number(s): _____

The following are requirements that must be met prior to a designated smoking area being inspected for certification by the City of Florence. Please indicate with an "X" that the area you are requesting conforms to these requirements:

_____ The requested smoking area is not open to the public.

_____ Employees are not required to be present in the smoking area for any work-related activities.

_____ The smoking area is separated from the remainder of the building by walls and/or doors.

_____ The smoking area is equipped with adequate ventilation which effectively ventilates the smoking area to the exterior of the building.

For more information regarding these requirements, please refer to the Smoking Ordinance (No. 2011-13, City Code of Ordinance, Sections 10-50 through 10-56) which is available at www.cityofflorence.com.

Signature _____ Date: _____

Office Staff Use Only

Date Received: _____

Petitioner has met all requirements for a certified designated smoking area _____

Date Certified: _____

Petition Denied for the following reason: _____

