

How to submit a Tobacco Retail License (TRL) application

City of Cleveland, Department of Public Health

Applications are submitted through the City of Cleveland Citizens web portal

Access the site by visiting <https://aca-prod.accela.com/COC/Welcome.aspx>

or scan this QR code



Step 1 –

You must create an account or login to an existing account to access the application

Create or access your account

- Existing Users: If you forgot your password, click "Forgot Password" and follow the prompts to reset it.
- New Users: Create an account.

Select Contact Type

Step 2 of 2: Contact Details

Login Information

Step 1 of 2: Account Details

* Required Fields

USERNAME:*

kminor_test

E-MAIL ADDRESS:*

kminor@clevelandohio.gov

PASSWORD:*

TYPE PASSWORD AGAIN: *

ENTER SECURITY QUESTION:*

What was the last name of your favorite childho... × ▼

ANSWER:*

- -

☒ I have read, understand, and agree to the [Terms of Service](#)

CONTINUE

BACK

CONTACT DETAILS FOR:
Applicant

For "CONTACT DETAILS FOR" select Applicant

* Required Fields

FIRST:*

Katrese

MIDDLE:

LAST:*

Minor

NAME OF BUSINESS:

CONTACT PHONE:*

WORK PHONE:

MOBILE PHONE:

E-MAIL:*

kminor@clevelandohio.gov

Add Address

SUBMIT

BACK

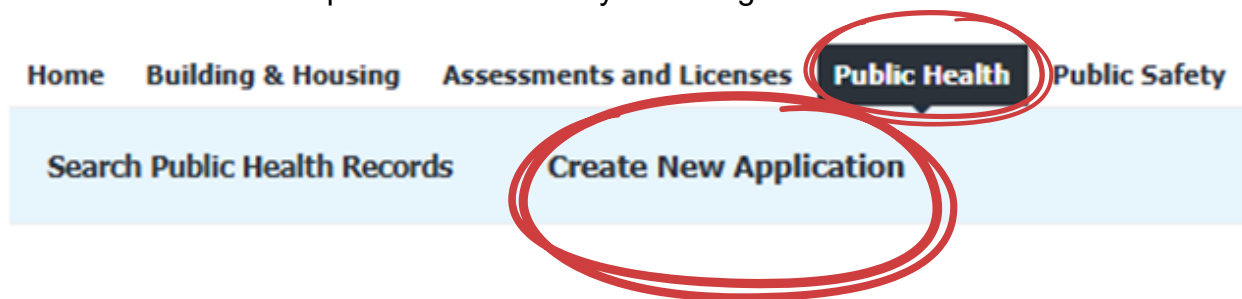
Step 2 -

Log-in to your account

Step 3 -

Navigate to the Application section

- Select the PUBLIC HEALTH tab
- Click CREATE NEW APPLICATION
- Read and accept the disclaimer by checking the box



Step 4 -

Select a Record Type

- Select the **TOBACCO RETAIL LICENSE** from the **PublicHealthLicenses** drop-down menu under Select a Record Type
- Click Continue Application

Select a Record Type

Choose one of the following available record types.

- ▼ **PublicHealthLicenses**
- ☐ Food Service Application
 - ☐ Food Service Temporary
 - ☐ Food Service Transfer
 - ☐ Mobile Food License
 - ☒ Tobacco Retail License
 - ☐ Vending Machine

[Continue Application »](#)

Step 5 -

Input Tobacco Retail Location Information

- Input the street number, direction (if applicable), street name, and zip code, then click Search.

Address

Country:

United States

* Street No.:

75

Direction:

--Select--

* Street Name:

Erievue

Street Type:

PLZ

Unit Type:

--Select--

Unit No.:

City:

State:

--Select--

* Zip:

44114

Number of Units:

Search

Clear

- Confirm Parcel and Property Owner information - please note that this information is provided by the Cuyahoga County Auditor's Office. If the property was recently sold, the Owner information may not be correct. The most important aspect is to ensure that the address is entered correctly.
- Click Continue Application

Step 6 –

Enter Applicant Details

- Click Select from Account

Applicant

To add new contacts, click the Select from Account or Add New button.

Select from AccountAdd New

- Choose the Associated Contact (this should be the applicant/owner of the business). A Contact Information box will pop up pre-populated with your City of Cleveland web portal account information.

Category	Type
☒ Associated Contact	Applicant

- When prompted, enter applicant's **home** address, city, state, and zip code.

Contact Information

* First:

Business

Middle:

* Last:

Owner

Name of Business:

Country:

--Select--

* Address Line 1:

123 Owners Home

* City:

Cleveland

* State:

OH

* Zip:

44114

- Enter applicant's date of birth (must be 21+ to apply for a tobacco retail license - a valid ID upload will be required later in the application)

Applicant Date of Birth

APPLICANT PERSONAL DETAILS

* DOB:

09/02/2000

- Select business ownership type (if registered agent, officer or partner, enter corporation or partnership name, when prompted, and names and titles of additional owners/partners)

Ownership Type

Ownership Information

* Ownership Type:

Individual Owner/Sole Pr

Step 7 -

Enter Business/Facility Details and Communications Preference

- Enter additional information about the tobacco retail location.
- Enter the address you prefer to receive communications from the City of Cleveland. Provide the business address in the next section, if selected.

Store/Facility Information

Facility Information

* Facility Name:

Branch # (if applicable):

* Manager's Name:

* Facility Phone Number:

Facility Email Address :

* Facility Federal Tax ID Number:

* Facility Type:

* Does this facility sell food? :

☐ Yes ☐ No

* Does the facility sell tobacco from a vending/self-serve machine?:

☐ Yes ☐ No

* What is the preferred address to receive communications from the City of Cleveland?:

Step 8 -

Upload Attachments

- Upload a copy of the applicant's driver's license/government-issued ID
- Upload of copy of the retailer's Certificate of Occupancy issued by Cleveland Department of Building and Housing
- Select the Type and Description for each attachment
- Click Save and Continue Application

File Upload

The maximum file size allowed is **500 MB**.

Attachment

Name	Type	Size
IMG_9784web.jpg	Certificate of Occupancy issued by the City	699.4 KB
doc07320920250910121205.pdf	Copy of Driver's License/Government ID required	163.4 KB

Add

Continue

Add

Remove All

IMG_9784web.jpg

100%

Step 9 -

Review Application and Certify

- Review and edit, as needed, any section of the application.
- **Read and review the certification statements and check the box agreeing to the license requirements.**
☐ By checking this box, I agree to the above certification.
- Click Continue Application

Step 10 -

Pay Fees and Check Out

- Click Check Out.
- To add additional facilities click Continue Shopping and return to step 3.

Cart

1 Select item to pay

2 Payment
information3 Receipt/Record
issuance

Step 1: Select item to pay

Click on the arrow in front of a row to display additional information. Items can be saved for a future checkout by clicking on the Save for later link.

PAY NOW

1 Application(s) | \$500.00

▶ Tobacco Retail License
25TMP-000727

Total due: \$500.00

Total amount to be paid: \$500.00

Note: This does not include additional inspection fees which may be assessed later.

Checkout »

Edit Cart »

Continue Shopping »

Payment Options

Amount to be charged: \$500.00

- ☒ Pay with Credit Card
☐ Pay with Bank Account

Submit Payment »

Step 11 -

Pay Fees and Check Out

- Go to your Cart to check out.
- Once the payment is processed, you will receive a confirmation email indicating your status as pending.
- Enter payer and payment information, review, accept terms, and submit.

FEE DISCLOSURE: Please note there is a convenience fee associated with paying online. The City of Cleveland does not retain any portion of these additional fees. You may also elect to pay at Cleveland City Hall or the designated location with your application submission. Below are the current rates and fees. Your total payment will be displayed on the next page.

Electronic Check	Flat Rate of \$1.95 per payment
Credit or Debit Card	Service Fee Charge of 2.45% with a \$1.95 minimum per payment

When paying online, two (2) line items will appear on your credit card or bank statement as OPC*City of Cleveland ACA. The first line item will be the license/permit fee and the second line item will be the convenience fee.

Payment Amount

\$

500

.

00

Payment Method

New Card

Card Number

Expiration Date

Security Code

What is this?

--

--



☐

I'm not a robot

reCAPTCHA

Privacy - Terms

Cancel

Please note you will not be charged until you Submit at end.

Continue

Review & Accept Terms

Payment Method	Amount	Service Fee	Total
Ending in 1111	\$500.00	\$13.50	\$513.50

ACI Payments, Inc. Terms and Conditions:

THIS PAYMENT SERVICE IS SUBJECT TO THE FOLLOWING TERMS AND CONDITIONS

Do not use or access this Website or Service if You do not agree to be bound by these Terms and Conditions

These Terms and Conditions ("Terms and Conditions") are in effect for all transactions processed though this payments website ("Website") on or after May 9, 2019, and apply to and govern Your access to and use of this Website, the Service and all Alternative Channels. This payment processing service is offered to You on behalf of your Biller ("Service").

It is important to carefully review all Terms and Conditions below, including the provision concerning REFUNDS. These Terms and Conditions may be amended at any time. All amended terms shall be effective immediately after they are posted to the Website. By using this Website after such modifications are posted, You are agreeing to accept and comply with the Terms and Conditions as modified. These Terms and Conditions also apply to Service transactions, or Payments, made by or through any "Alternative Payment Channels" including those Payments initiated, or completed through, Integrated Voice Response (IVR) systems, customer service representatives, telephone, internet, or any other means or mechanisms of Payment acceptance. These Terms and

Printer Friendly

Back | Cancel

Please note you will not be charged until you Submit at end.

Accept Terms