



**Request for Exemption by Private Club  
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, request 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.

**All below conditions must be met for an organization to apply for exemption as a private club.** By checking each item, the establishment confirms it meets the requirement listed. (See ordinance for full description)

- Organization with a building or establishment in a building used exclusively for club purposes at all times
- Is operated solely for a recreational, fraternal, social, patriotic, political, benevolent, or athletic purpose, but not for pecuniary gain
- The affairs and management of the organization are conducted by a board of directors, executive committee, or similar body chosen by the members at an annual meeting
- Has established by-laws and/or a constitution to govern its activities **(must submit a copy with request)**
- Has been granted an exemption from the payment of federal income tax as a club under 26 U.S.C. Section 501 **(must submit a copy with request)**

**Note: Exception does not extend to private clubs when being used for a function to which the general public is invited.**

Request and 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 \_\_\_\_\_

Approved? \_\_\_\_ YES      \_\_\_\_ NO      By: \_\_\_\_\_