

# Zoning Information Guide

"Planning with People for a Better Phoenix"



**City of Phoenix**  
PLANNING & DEVELOPMENT DEPARTMENT

## ZONING CLEARANCE FOR TOBACCO ORIENTED RETAILER

– PLEASE READ THE FOLLOWING CAREFULLY –

The Phoenix City Council has adopted the following definition for a Tobacco-Oriented Retailer (TOR) (Chapter 2, Section 202):

*Tobacco Oriented Retailer:* An establishment engaged in the sale and/or display of tobacco related products, including, but not limited to: cigarettes, chewing and dipping tobacco, cigarette papers, electronic nicotine delivery system, or any other instrument or paraphernalia for the smoking or ingestion of tobacco and products prepared from tobacco. This includes uses such as, but not limited to, a cigar store, head shop, hookah lounge, or vape lounge. A tobacco oriented retailer must not include any establishment over 10,000 square feet in gross floor area, or any establishment devoting less than five percent (5%) of its floor space to the sale/display of tobacco related products.

Tobacco-Oriented Retailers (TORs) are permitted with a minimum of C-2 zoning, and subject to performance standards.

The Phoenix City Council has adopted the following spacing and separation standards for tobacco-oriented retailers (Chapter 6, Section 623.D.190)

- Shall not be located within 500 feet of the same type of use. This distance shall be measured from the property line of the parcel in which the use is conducted to the nearest property line of the parcel of the same type of use. (Section 623.D.190.a)
- Shall not be located within 1,320 feet of a public, private, or charter school providing primary or secondary education, a park or playground, dependent care facility, homeless shelter, youth community center, recreation center, or place of worship. This distance shall be measured from the property line of the parcel in which the use is conducted to the nearest property line of the protected use. (Section 623.D.190.b)

Upon request this publication will be made available in alternate formats including large print, Braille, audiotape or computer disk to accommodate a person with a disability if given reasonable advance notice. Please contact Saneeya Mir at voice 602-686-6461 or via the City TTY Relay at 602-534-5500.

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## **ZONING CLEARANCE FOR TOBACCO-ORIENTED RETAILER APPLICATION**

### **SUBMITTAL OPTIONS:**

1. Applications can be submitted through the SHAPE PHX Customer Portal. The Customer Portal can be accessed at <https://shapephx.phoenix.gov/s/>.
2. Applications can be submitted at the Zoning Counter in the City of Phoenix Planning and Development Department located at 200 West Washington Street, 2nd Floor.
  - Please visit <https://www.phoenix.gov/pdds/Pages/Planning-and-Development-Online-AppointmentScheduling.aspx> to schedule an appointment. Appointments are preferred however, walk-ins are welcome.

### **SUBMITTAL REQUIREMENTS:**

1. Zoning Clearance for Tobacco Oriented Retailer Application (page 3)
2. A written letter of authorization from the property owner
  - a. The letter shall identify the applicant and state that the applicant is authorized to apply for a Zoning Clearance for Tobacco-Oriented Retailer.
  - b. The letter must be signed and dated by the property owner.
  - c. Lease agreements will not be accepted in place of an owner authorization letter.
3. A survey completed by the applicant. (See page 4 for an example survey.)
  - a. The survey must be completed by conducting a walking/driving survey of the area and an internet search.
  - b. The survey must indicate any other tobacco-oriented retailers within 500 feet per Section 623.D.190.a.
  - c. The survey must indicate all protected uses found within 1,320 feet (1/4 mile) per Section 623.D.190.b.
  - d. The survey shall contain a statement indicating that the applicant [found/did not find] protected uses or other tobacco retailers as depicted on the survey.
  - e. **The applicant must sign and date the survey.**

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## **ZONING CLEARANCE FOR TOBACCO-ORIENTED RETAILER APPLICATION**

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

Tax Parcel Number: \_\_\_\_\_

Legal Description: \_\_\_\_\_

Applicant/Operator Name: \_\_\_\_\_

TOR Business Name: \_\_\_\_\_

Applicant's Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

Property Owner (if different from Applicant): \_\_\_\_\_

### **– ACKNOWLEDGEMENT –**

The undersigned hereby certifies as follows:

1. The undersigned is the owner or operator of the existing or proposed use or is authorized to file this form on behalf of the owner or operator.
2. The owner or operator of the existing or proposed use is the owner or lessee of the property on which the use is or will be conducted or is otherwise authorized by the property owner to file this form.
3. The undersigned has read and understands the definitions above and agrees to comply with the requirements established for the operation of a tobacco-oriented retailer.
4. All information provided on this form and in application documents is true and correct and to the best of his/her knowledge.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

### **– FOR PLANNING AND DEVELOPMENT DEPARTMENT USE ONLY –**

Council District:	Q.S.
Village:	Zoning:
Zoning Map:	

**Application Number:**

**Final Decision:**    **APPROVED**                      **DENIED**

**Explanation of Decision:**

\_\_\_\_\_  
Reviewer Printed Name

\_\_\_\_\_  
Reviewer Signature

\_\_\_\_\_  
Date

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**– EXAMPLE SURVEY –**



**Protected Uses Within 1,320 feet of the property:**

- 1) **Arizona Church**  
1 East Broadway Road
- 2) **Phoenix Elementary School**  
2 East Main Street
- 3) **Jane's Dependent Care Facility**  
3 East Main Street

**Similar use within 500 feet of the subject property:**

- 1) **Jane's Smoke Shop**  
2 East Broadway Road

I have performed the survey and found 3 protected uses within 1,320 feet and 1 Smoke Shop within 500 feet of the subject property.

**Printed Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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