

Tobacco Enforcement Contract Application for Local Law Enforcement Agencies

Please indicate if you are: ☐ County Sheriff ☒ Constable ☐ Municipal Chief of Police

Fiscal Year 2015 September 1, 2014 through August 31, 2015

Name of Applicant Organization Fort Bend County Pct 3 Constable's Office		Federal Employer Identification Number (FEIN) 7 4 — 6 0 0 1 9 6 9	
Authorized Representative First Name Aaron	Authorized Representative Last Name Tyksinski	Authorized Representative Middle Initial Wayne	Authorized Representative Title Chief Deputy
Mailing address 22333 Grand Corner Drive, Suite 103		City Katy	State Texas
County Fort Bend	ZIP code 7 7 4 9 4 — 5 7 4 9		
Phone (Area code and number) (2 8 1) 2 3 8 — 1 4 3 0		FAX number (Area code and number) (2 8 1) 2 3 8 — 1 4 3 1	
E-mail address aaron.tyksinski@fortbendcounty.gov			

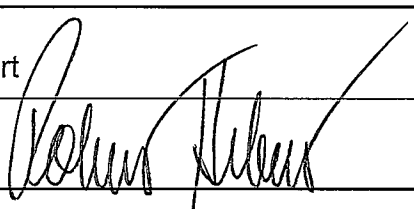
1. Agency official with authority to negotiate contract terms:

Contact Information (if different from above) Robert Hebert		County Judge	
	<small>Name</small>	<small>Title</small>	
401 Jackson Street	Richmond	Texas	77469
<small>Address</small>	<small>City</small>	<small>State</small>	<small>ZIP code</small>
281.341.8608	281.341.8609	jenetha.jones@fortbendcountytx.gov	
<small>Phone</small>	<small>FAX</small>	<small>E-mail</small>	

2. What is the approximate number of tobacco permitted retail outlets in your jurisdiction? 75
3. Select the appropriate funding option: (refer to application information)..... Option A ☒ Option B ☐
4. Indicate the percentage of tobacco permitted retail outlets in your jurisdiction at which you plan to conduct Controlled Buy/Stings during FY15..... 100%

Please Answer Items 4 - 6 on a separate sheet of paper and attach to this application form.

5. Provide a list of ZIP codes included in your full jurisdictional boundaries - (Note: If a ZIP code is not wholly included within that boundary, please estimate the percentage that is in your jurisdiction.)
6. Provide a list of agencies with whom your agency has an existing Interagency Agreement or Memorandum of Understanding/Agreement (formal or informal) that may restrict your agency's ability to provide full enforcement capabilities within jurisdictional boundaries - (Example: A Sheriff's Office or Constable's Office that does not enforce laws within the corporate city limits of a town or municipality in their county or precinct)
7. Explain your agency's plan to implement this contract and how it will support and enforce Health and Safety Code, Chapter 161.082.

Certification Section: To the best of my knowledge, information in this application and any attachments is true and correct. The document has been duly authorized by the applicant.	
Typed name and title Robert Hebert	County Judge
sign here 	Date 5-27-2014