

WEST WINDSOR TOWNSHIP

License Application for Retail Electronic Smoking Device Establishment

NAME OF ESTABLISHMENT:		ANNUAL FEE: \$1,500.00
LOCATION		
BUSINESS OWNER:		
ADDRESS:		
TELEPHONE (REQUIRED):		FAX:
MAILING ADDRESS FOR ALL LICENSING CORRESPONDENCE:		

PLEASE CHECK EACH BOX BELOW TO INDICATE THE PRODUCT(S) OFFERED FOR SALE AT THE ABOVE LOCATION.

- ☐ VAPORIZERS
- ☐ E-LIQUIDS
- ☐ REPLACEMENT CARTRIDGES (UNFLAVORED)
- ☐ UNFLAVORED VAPE PRODUCTS
- ☐ VAPING ACCESSORIES

DOES THE ESTABLISHMENT LOCATE ALL ESD DISPLAYS BEHIND THE SALES COUNTER?

☐Yes ☐ No

DOES THE ESTABLISHMENT ADVERTISE ESD SALES ON SIGNS THAT ARE VISIBLE ON THE OUTSIDE OF THE STORE?

☐Yes ☐No

CERTIFICATION

THE UNDERSIGNED AGREES TO OPERATE THIS ELECTRONIC SMOKING DEVICE ESTABLISHMENT IN ACCORDANCE WITH ALL APPLICABLE FEDERAL, STATE AND LOCAL REGULATIONS REGARDING THE SALE OF ELECTRONIC SMOKING DEVICES. I FURTHER CERTIFY THE FOLLOWING STATEMENTS ARE TRUE.

1. AN EMPLOYEE EDUCATION PROGRAM HAS BEEN ESTABLISHED AND IS IMPLEMENTED TO PREVENT YOUTH ACCESS TO ELECTRONIC SMOKING DEVICE PRODUCTS.
2. SAMPLING OF ESD PRODUCTS IS PROHIBITED WITHIN THE ESTABLISHMENT.
3. I AM THE OWNER OR OWNER REPRESENTATIVE, AUTHORIZED TO SIGN THIS DOCUMENT, ON BEHALF OF THE BUSINESS.
4. THE ESTABLISHMENT LIMITS THE SALES AREA TO LESS THAN 25% OF THE FLOOR AREA OR DISPLAY AREA; AND DERIVES LESS THAN 75% OR MORE OF GROSS SALES RECEIPTS FROM, THE SALE OF ELECTRONIC SMOKING DEVICES AND/OR RELATED PRODUCTS.

Signature

Name (Print)

Date

PLEASE RETURN TO: WEST WINDSOR TOWNSHIP
ATTENTION: HEALTH DEPARTMENT
P.O. Box 38
WEST WINDSOR, NJ 08550
PHONE: 609-936-8400
FAX: 609-799-2136

FOR OFFICE USE ONLY: