

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
 FLAVORED 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
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**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:

LICENSE # ISSUED: _____ PAID \$ _____ CHECK #: _____ CASH: _____