



**APPLICATION FOR LICENSE TO SELL ELECTRONIC SMOKING DEVICES
EXPIRES DECEMBER 31ST _____**

(PLEASE TYPE OR PRINT LEGIBLY)

Name of Ownership and Trade Name (If Corporation – Give exact name of Corporation):

Name of President (If Corporation): _____ Phone Number: _____

Trade Name of Business: _____

Mailing Address: _____

Phone Number: _____ Email address: _____

LOCATION OF BUSINESS: _____

LIST TYPE(S) OF ELECTRONIC SMOKING DEVICES OFFERED FOR SALE:

I/WE HEREBY MAKE APPLICATION FOR A LICENSE TO SELL ELECTRONIC SMOKING DEVICE(S), AND AGREE TO CONDUCT BUSINESS IN COMPLIANCE WITH THE LAW(S) OF THE STATE OF NEW JERSEY AND THE ORDINANCE(S) OF THE TOWNSHIP OF HILLSIDE, IN THE COUNTY OF UNION, AND ORDINANCES AND REGULATION(S) OF THE HEALTH DEPARTMENT OF THE SAID TOWNSHIP OF HILLSIDE.

(SIGNATURE OF APPLICATION)

(DATE OF APPLICATION)

FOR OFFICIAL USE:

THIS APPLICATION MUST BE COMPELETED BEFORE LICENSE IS ISSUED OR RENEWED

PREMISES INSPECTED AND APPROVED FOR LICENSE BY:

NAME: _____ DATE: _____

LICENSE NO. _____ DATE: _____ FEE: **\$750.00**