



200 South Street,  
P.O. Box 914  
Morristown, NJ  
07963-0914

## Health Division

Main Office (973) 796-1975  
Health Officer (973) 292-6707  
Health Inspectors (973) 292-6713  
(REHS) (973) 796-1993  
Nurse (973) 292-6702  
Animal Control (973) 292-6731  
Fax (973) 292-6730

### RETAIL ELECTRONIC SMOKING DEVICE ESTABLISHMENT APPLICATION

Please complete all fields. A copy of your driver's license or a government-issued photographic identification must be submitted with this application.

TYPE OF APPLICATION	APPLICATION FEE	DATE OF APPLICATION
<input type="checkbox"/> Initial Application	<input type="checkbox"/> Retail License \$1,000.00	
<input type="checkbox"/> Renewal Application	<input type="checkbox"/> Manufacturer License \$2,500.00	

#### Important Information:

- Please visit [townofmorristown.org](http://townofmorristown.org) for the complete Town of Morristown ordinance.
- Should the establishment discontinue manufacturing and/or selling electronic smoking devices, components or parts, electronic liquid and/or liquid nicotine or should the establishment close, the Health Division must be notified in writing to Carlos Perez, Jr., Ph.D., Health Officer at the address above.
- Applicants cannot hold a retail food establishment license issued by the Health Division, a license for the retail sale of motor fuel issued by the State of New Jersey, and/or a liquor license issued by the State of New Jersey.
- Only persons twenty-one (21) years of age or older are permitted to work in a retail electronic smoking device establishment.
- Only persons twenty-one (21) years of age or older are permitted on the premise of a retail electronic smoking device establishment.
- Unless otherwise specified, reported information is limited to the manufacture, sale or distribution of electronic smoking or vapor devices, components, cartridges or related products. Do NOT include information on traditional tobacco products (e.g. cigarettes, cigars, cigarillos, loose tobacco, etc.)
- Please note, by providing your email address, you consent to receive communications electronically from the Morristown Division of Health, and you affirm that the email listed is a reliable form of communication.
- If you have questions regarding your eligibility and/or operating requirements, please contact the Health Division at 973-796-1975.

#### SECTION 1. Business Information

##### Business Legal Structure

Please describe your business's legal structure. If your Business legal structure is Sole Proprietorship or if your Business has an individual partner, complete Sections 1, 2, 4 and 5. If you business's legal structure is NOT Sole Proprietorship and your business does NOT have an individual general partner, complete Sections 1, 3, 4 and 5.

<input type="checkbox"/> Business/General Partnership	<input type="checkbox"/> Limited Partnership
<input type="checkbox"/> Corporation	<input type="checkbox"/> Non-Profit
<input type="checkbox"/> Limited Liability Company (LLC)	<input type="checkbox"/> Sole Proprietorship
<input type="checkbox"/> Limited Liability Partnership (LLP)	

### Business Information

The business name that you provide must match the business name registered with the NJ Department of the Treasury, Division of Revenue and Enterprise Services.

BUSINESS NAME	NUMBER AND STREET
DOING BUSINESS AS (DBA)/TRADE NAME	CITY, STATE, ZIP CODE
BUSINESS PHONE NUMBER	BUSINESS EMAIL ADDRESS*

### Contact Mailing Information

If you want Morristown Division of Health correspondence addressed and mailed to a contact other than the business name and address provided above, please complete the information below.

FIRST AND LAST NAME	EMAIL ADDRESS:
TITLE/POSITION (Check only one box) <input type="checkbox"/> Chairman <input type="checkbox"/> President <input type="checkbox"/> Trustee <input type="checkbox"/> Director <input type="checkbox"/> Secretary <input type="checkbox"/> Vice President <input type="checkbox"/> Officer <input type="checkbox"/> Treasurer <input type="checkbox"/> Other, specify: _____	
MAILING ADDRESS	
CITY, STATE, ZIP CODE	PHONE NUMBER

### SECTION 2. Sole Proprietors and Individual General Partners

#### Individual #1

FIRST AND LAST NAME	PHONE NUMBER
HOME ADDRESS	CITY, STATE, ZIP CODE

#### Individual #2

FIRST AND LAST NAME	PHONE NUMBER
HOME ADDRESS	CITY, STATE, ZIP CODE

### SECTION 3. Business General Partners, Corporate Officers, Shareholders and Members

You must provide information on *all* business general partners and *all* corporate officers and *each* shareholder owning ten percent (10%) or more of the business applying for a license. Note: Limited Liability Companies (LLC) must provide information on *all* members. **Attach additional sheets if necessary.**

**Important:** Corporations, Limited Partnerships, Limited Liability Companies, or Limited Liability Partnerships must register and remain active with the NJ Department of the Treasury, Division of Revenue and Enterprise Services. **A copy of your business registration certificate must be provided at the time of licensure.**

## Business General Partners, Corporate Officers, Shareholders and Members

### Individual #1

FIRST AND LAST NAME	PHONE NUMBER
HOME ADDRESS	CITY, STATE, ZIP CODE
TITLE/POSITION (Check only one box)	<input type="checkbox"/> Chairman <input type="checkbox"/> President <input type="checkbox"/> Trustee <input type="checkbox"/> Director <input type="checkbox"/> Secretary <input type="checkbox"/> Vice President <input type="checkbox"/> Officer <input type="checkbox"/> Treasurer <input type="checkbox"/> Other, specify: _____
% OF OWNERSHIP	

### Individual #2

FIRST AND LAST NAME	PHONE NUMBER
HOME ADDRESS	CITY, STATE, ZIP CODE
TITLE/POSITION (Check only one box)	<input type="checkbox"/> Chairman <input type="checkbox"/> President <input type="checkbox"/> Trustee <input type="checkbox"/> Director <input type="checkbox"/> Secretary <input type="checkbox"/> Vice President <input type="checkbox"/> Officer <input type="checkbox"/> Treasurer <input type="checkbox"/> Other, specify: _____
% OF OWNERSHIP	

**Note:** The following section is to be completed for Corporations, Limited Partnerships, Limited Liability Companies, or Limited Liability Partnerships where ownership is not by an individual, but by another business.

### Business #1

BUSINESS NAME	PHONE NUMBER
HOME ADDRESS	CITY, STATE, ZIP CODE
% OF OWNERSHIP	EMPLOYER IDENTIFICATION NUMBER ____ - _____

### Business #2

BUSINESS NAME	PHONE NUMBER
HOME ADDRESS	CITY, STATE, ZIP CODE
% OF OWNERSHIP	EMPLOYER IDENTIFICATION NUMBER ____ - _____

## SECTION 4. Applicant Background Questions – All Applicants

Please answer Background Questions on behalf of all individuals named on the application. "Individual" refers to sole proprietor; individual general partner; corporate officer; shareholder owning ten percent (10%) or more of the business; member; officer; Board of Directors member.

**Attach additional sheets if necessary.**

- Some background questions inquire about criminal and/or civil charges. A conviction does not, by itself, mean you will not be eligible for a license. Factors such as the nature and seriousness of the offense and the amount of time that has passed since the conviction will be considered.
- Descriptions for questions relating to charges should include date of conviction, nature of the incident, persons involved, and the outcome.

1. Has individual ever been licensed by the State of New Jersey?

Yes     No

**If Yes**, please provide the following information.

License #1

Type of License	
License Number	
Business/Individual Name	
Address, City, State, Zip	

License #2

Type of License	
License Number	
Business/Individual Name	
Address, City, State, Zip	

2. Is the license above still active?

Yes     No

**If No**, please explain why the license was terminated, including the date of termination.

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3. Has individual had ANY government-issued license/permit denied, suspended or revoked?

Yes     No

**If Yes**, please provide the following information:

Type of License	
License Number	
Business/Individual Name	
Address, City, State, Zip	

Please explain why the license/permit was denied, suspended or revoked.

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4. Are there any pending charges against the individual relating to the sale or distribution of tobacco products or electronic smoking or vapor devices, components, cartridges or related products?  
 Yes     No

**If Yes**, please explain and provide the type of charge (e.g. civil or criminal).

5. Has individual ever pled guilty or been convicted of any crime or offense relating to the sale or distribution of tobacco products or electronic smoking or vapor devices, components, cartridges or related products?  
 Yes     No

**If Yes**, please explain.

6. Is there any court judgement against individual or individual's business relating to the sale or distribution of tobacco products or electronic smoking or vapor devices, components, cartridges or related products?  
 Yes     No

**If Yes**, please explain and state if any judgement has not been paid in full for thirty (30) days or more.

**SECTION 5. Business Operations**

**Statutory Requirements – Manufacturing, Preparation, Compounding or Processing**

Every individual who owns or operates any establishment that engages in the manufacture, preparation, compounding or processing of electronic smoking or vapor devices, components, cartridges or related products must register with the Food and Drug Administration (FDA) as required by section 905 of the Food, Drug and Cosmetic Act (FD&C Act). For more information and registration requirements, please visit the FDA's website at <https://www.fda.gov/tobacco-products/compliance-enforcement-training/manufacturing>. **You must provide the Town Health Division with proof of application to the FDA.**

DATE OF APPLICATION TO FDA	STATUS (Approved, Pending, Denied)
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**Type of Operation** (Check all that apply)

<input type="checkbox"/> Blending	<input type="checkbox"/> Labeling
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Saucing (or casing)
<input type="checkbox"/> Reconstituting	<input type="checkbox"/> Other, specify _____
<input type="checkbox"/> Packaging	

**Product Listing**

Individuals must identify the electronic smoking or vapor device(s), component(s), cartridge(s) or related product(s) that are manufactured, prepared, compounded or processed within the licensed establishment. **Attach additional sheets if necessary.**

PRODUCT NAME	CONSUMER USE PRODUCT CATEGORY	CONSUMER USE PRODUCT CATEGORY
		Using the list below, please enter the <i>CONSUMER USE PRODUCT CATEGORY</i> in the middle column.
		ENDS Open
		ENDS Closed
		E-Liquid
		ENDS Adapter
		ENDS Atomizer
		ENDS Battery
		ENDS Bridge
		ENDS Cartomizer
		ENDS Cartridge
		ENDS Charger
		ENDS Coil
		ENDS Digital Display/Lights
		ENDS Drip Tip
		ENDS Drip Well
		ENDS Filler Material
		ENDS Mouthpiece
		ENDS Software
		ENDS Tank
		Other, specify

**Ordinance Requirements – Sale or Distribution**

Establishments selling or distributing electronic smoking or vapor devices, components, cartridges or related products must provide contact information for the manufacturer or distributor or other business(es) where electronic smoking or vapor devices, components, cartridges or related products are purchased. **Please complete Appendix A.**

**AFFIRMATION – Please read and sign below.**

Licenses are valid from January 1<sup>st</sup> through December 31<sup>st</sup> of the licensing year. Licenses are not transferable. License is void with change of ownership. A late fee of \$50.00/per month will be assessed starting January 1<sup>st</sup> for all delinquent payments. License fees are not prorated.

I am authorized to complete and submit this application and all attachments. I have reviewed the entire application. To the best of my knowledge, this application is true, correct and complete. If any of the information in this application changes, the applicant must inform the Morristown Health Division of those changes. I also understand that the applicant must comply with all relevant laws and regulations if granted a license to operate.

By operating a business in the Town of Morristown, I understand that legal action may be taken for non-compliance of state and town laws, along with the suspension and revocation of my retail electronic smoking device establishment license. Additionally, violations pertaining to the

sale of any product to a minor may be reported to the New Jersey Department of Taxation for further investigation.

**NEW APPLICANTS ONLY:** I understand that the Morristown Division of Health has not yet considered this application. The applicant will not operate the business until an actual license from the Morristown Division of Health has been issued.

**By signing below, I understand and agree that I am swearing or affirming that I have told the truth on this application.**

<b>PRINTED NAME</b>	<b>TITLE/POSITION</b>
<b>SIGNATURE</b>	<b>DATE</b>

<b>***OFFICIAL USE ONLY ***</b>				
<b>RECEIPT INFORMATION:</b>	Date Received:	Received By:	Fee Collected: \$ _____	Check    Cash    CC Other _____
Health Officer/Designee Approval				Date:
Comments:				