

FOR OFFICE USE ONLY		
License Number _____	Fee _____	Date of Issue _____

TOWNSHIP OF HANOVER HEALTH DEPARTMENT
P.O. BOX 250, 1000 ROUTE 10
WHIPPANY, NEW JERSEY 07981
Tel: (973) 515-6667 Fax: (973) 515-3772

Application for a License to:

Conduct, Maintain or Operate an Establishment that sells Electronic Smoking Devices.

A fee of \$750.00 is required annually. License year is January 1 thru December 31.

New Application Renewal

Date _____ 20 _____

Fee Enclosed _____

I. About the Establishment

Trade Name of Business:	
Location of Business:	
Business Contact Information	
Phone:	_____
E-mail:	_____
EMERGENCY NUMBER:	

II. About the Ownership

Is the business owned by a	Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Individual <input type="checkbox"/>
Name of the corporation, partnership, LLC, if applicable	_____ _____
Names, titles and business addresses of the corporate officers, partners, or individual owner(s)	_____ _____
	_____ _____
Contact Information	
Phone:	_____
E-mail:	_____

III. Hours of Operation

<i>DAY</i>	<i>Sunday</i>	<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>	<i>Saturday</i>
<i>Open</i>							
<i>Close</i>							

IV. Provide current NJ Retail Tobacco Sale License*Certification of Application*

In consideration of the issuance of such license, the applicant agrees to comply at all items with State Statutes, the Code of the Township of Hanover, and all rules and regulations of the State of New Jersey and the Township of Hanover Health Department.

The applicant certifies that to his knowledge, the above information is true and accurate. The applicant further agrees to immediately inform the Township of Hanover Health Department of any contemplated change of the above stated information.

This license, if granted, is issued upon the express condition that the same is subject to forfeiture or revocation in the event that the applicant or operator shall violate any of the agreements herein set forth.

 Print Name of Applicant

 Signature of Applicant

 Print Title of Applicant