

**Ringwood Health Department**  
60 Margaret King Ave, Ringwood, NJ 07456  
(973) 962-7079

**Electronic Smoking Device  
License Application**

**Fee: \$1,500**

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**Important Information**

- All sales of **flavored electronic smoking devices** and **flavored electronic smoking device products** and components are prohibited, pursuant to **N.J.S.A. 2A:170-51.12**.
- No person shall sell or give tobacco/nicotine products or any type of electronic smoking device products or components to any person under the age of 21.
- On this application, please do NOT include information on traditional tobacco products (cigarettes, cigars, cigarillos, loose tobacco, etc.). It is for electronic smoking devices and electronic smoking device products and components only.
- Licenses are submitted to the Ringwood Health Department
- Licenses are valid from January 1st through December 31st of the subsequent year. Licenses are not transferable. A license is void with change of ownership. License fees are not pro-rated.
- No licenses shall be issued to itinerant establishments.
- Fee is payable by cash or check. (Make checks payable to: Borough of Ringwood)

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**Establishment Information:**

☐ **Initial Application**

☐ **Renewal**

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_

Owner/ Person In Charge: \_\_\_\_\_

Owner/ Person In Charge Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Certification & Signature** The applicant agrees to comply with and abide by all provisions of **N.J.S.A. 2A:170-51 et seq.** and all local codes regulating electronic smoking device establishments, including **Ringwood Borough Ordinance BH 17** and the definitions therein. In operating an electronic smoking device Ringwood Borough, the applicant understands that legal action may be taken for non-compliance of State and Ringwood Borough municipal laws, along with the suspension or revocation of licenses upon violation of such codes. Additionally, violations pertaining to the sale of any product to a minor may be reported to the New Jersey Department of Taxation for further enforcement actions, as prescribed by law. If any of the information in this application changes, the applicant must inform The Ringwood Health Department of those changes. The applicant further certifies that the email listed herein is a reliable form of communication. By signing below, I certify that the information provided on this form is true, correct, and complete to the best of my knowledge and further understand that if the above information is willfully false, it may result in legal action, including closure of the electronic smoking device establishment.

FOR NEW APPLICATIONS ONLY: I understand that Ringwood Borough has not yet considered this retail electronic smoking device retail and/or manufacture establishment license application. The applicant will not operate the retail and/or electronic smoking device establishment until an actual license from Ringwood Borough is issued to the applicant.

Printed Name: _____	Title: _____
Signature: _____	Date: _____

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**FOR OFFICIAL USE ONLY**

☐Approved ☐Denied Name of Official: \_\_\_\_\_ Date: \_\_\_\_\_