

TOWNSHIP OF EAST BRUNSWICK

Return To:
Municipal Clerk's Office
P.O. Box 1081
East Brunswick, NJ 08816

License No.: _____
Issued: _____

**FEE: \$250.00 (Initial)
\$ 75.00 (Renewal)**

RETAIL ELECTRONIC SMOKING DEVICE ESTABLISHMENTS

1. NAME OF APPLICANT _____

Date of Birth _____ Place of Birth _____ Driver's License No. _____

Sex: Male _____ Female _____ Age: _____ Height: _____ Weight: _____ Hair Color: _____

Eye Color: _____ Tattoos, scars, amputations or other distinguishing features: _____

APPLICANT'S HOME ADDRESS _____

2. BUSINESS NAME _____

3. BUSINESS LOCATION _____

a. TELEPHONE NO. _____

4. HOURS OF OPERATION _____

5. GIVE THE FOLLOWING INFORMATION ON ALL PRINCIPALS OF SAID BUSINESS:

<u>NAME AND ADDRESS</u>	<u>DR. LICENSE #.</u>	<u>SOCIAL SECURITY #</u>	<u>D.O.B.</u>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

6. IF THE BUSINESS IS A CORPORATION, GIVE THE FOLLOWING INFORMATION ON ALL STOCKHOLDERS:

<u>NAME & ADDRESS</u>	<u>DR. LICENSE #.</u>	<u>SOCIAL SECURITY #</u>	<u>D.O.B.</u>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Use reverse side if more space is needed.

11. THE CHIEF OF POLICE SHALL, AS PART OF THE APPLICATION PROCESS, PERFORM A BACKGROUND CHECK OF APPLICANT AND MANAGER.

I HEREBY AGREE TO THE ABOVE

APPLICANT SIGNATURE

STATE OF NEW JERSEY

SS

COUNTY OF MIDDLESEX

OF FULL AGE, BEING DULY SWORN, ACCORDING TO LAW, UPON HIS OATH DEPOSES AND SAYS:

1. I AM THE APPLICANT NAMED IN THE FOREGOING APPLICATION; OR I AM A PARTNER NAMED IN THE FOREGOING APPLICATION; OR, I AM THE _____ OF THE CORPORATION MAKING THE FOREGOING APPLICATION.

2. I HAVE READ ALL THE STATEMENTS HEREIN MADE AND SAME ARE TRUE IN ALL RESPECTS, AND ALL DOCUMENTS FURNISHED HEREWITH ARE TRUE IN ALL RESPECTS. (Article VIII, Section 135, but particularly section 135-87 through 135-91).

SIGNATURE

Subscribed and sworn to
before me this _____ day
of _____, 20__.

Notary Public of New Jersey

DO NOT WRITE BELOW THIS LINE

Public Safety – Name\Title Approved _____ _____
Denied _____ Date

Zoning\ Code Enforcement Name\Title Approved _____ _____
Denied _____ Date

Municipal Clerk Approved _____ _____
Denied _____ Date

Fee Paid _____ Receipt No. _____