PARAMUS HEALTH DEPARTMENT

1 W JOCKISH SQUARE

PARAMUS, NEW JERSEY 07652

Paramus Health Department
Tel: 201-265-2100 ext. 2300
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Joanna Adamiak
Health Officer/Director
health@paramusborough.gov

APPLICATION FOR LICENSE TO SELL ELECTRONIC SMOKING DEVICES

License Expires on December 31st

Please print clearly and fill out this form completely

This application is submitted on behalf of:

_____
(Name of Corporation, Partnership or Individual Owner)

(Owner Address)

(Trading As)

(***Establishment Address***

(***Establishment Phone Number)*** ***(Owner Cell Phone Number)***

(***Establishment Fax Number)*** ***(Establishment Email Address)***

LIST TYPES OF ELECTRONIC SMOKING DEVICES FOR SALE:

PAYMENT FEE OF $1,000.00 FOR ELECTRONIC SMOKING DEVICES $_____

I/WE HEREBY MAKE APPLICATION FOR A LICENSE TO SELL ELECTRONIC SMOKING DEVICES, AND AGREE TO CONDUCT BUSINESS IN COMPLIANCE WITH THE LAWS OF THE STATE OF NEW JERSEY AND THE ORDINANCES OF THE BOROUGH OF PARAMUS, IN THE COUNTY OF BERGEN, AND ORDINANCES AND REGULATIONS OF THE BOARD OF HEALTH OF THE SAID BOROUGH OF PARAMUS.

_____

(Date of application) *(Signature)*

_____
(Print Name and Title)

THIS APPLICATION MUST BE COMPLETED BEFORE PERMIT IS ISSUED OR RENEWED.

For Office Use:

DATE RECEIVED: _____ RECEIPT NO: _____ PERMIT NO: _____ FEE PAID: _____

Revised On: 5/29/25