WESTFIELD REGIONAL HEALTH DEPARTMENT
PREVENT • PROMOTE • PROTECT
425 East Broad St. Westfield, NJ 07090

RETAIL ELECTRONIC SMOKING DEVICE (ESD) ESTABLISHMENT FORM
(License Fee: $1,000.00)

Establishment Name: _____

Address: _____

Telephone #: _____ Fax #: _____

Email Address: _____

Owner Name: _____

Address: _____

Telephone #: (Home) _____ (Cell): _____

Email Address: _____

1. Is the establishment within 500 ft of any public recreational field or park, public or private elementary or secondary school? ☐ No ☐ Yes

2. Do you wish to also sell retail food? ☐ No ☐ Yes

   a. If yes, do you expressly prohibit entry to those under the age of eighteen (18)? ☐ No ☐ Yes

3. Do you have a policy approved by the Health Department to check for identification at the point of sale to ensure ESD products are only sold to those twenty-one (21) and older? ☐ No ☐ Yes

   a. If no, please attach your policy for approval.

4. If an application for concurrent licenses is approved, then signage shall be conspicuously posted on entry doors to the establishment which state: "Entry of persons under the age of eighteen (18), is prohibited. Government issued photographic identification must be presented immediately upon entry.

Signature of Owner: _____ **Date:** _____

OFFICE USE ONLY

Fee: _____ **Late fee:** _____ **Cash/Check #** _____ **License #**_____ **Date issued:** _____

Comments: _____