TOWNSHIP OF EAST BRUNSWICK

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

License No.:_____
Issued: _____

FEE: $1,500.00 (Initial)
$1,000.00 (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:

NAME AND ADDRESS	DR. LICENSE #.	SOCIAL SECURITY #	D.O.B.

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

NAME & ADDRESS	DR. LICENSE #.	SOCIAL SECURITY #	D.O.B.

   _____
   Use reverse side if more space is needed.

7. LIST BUSINESS AND HOME ADDRESSES OF ALL PRINCIPALS FOR THE PAST FIVE YEARS:

_____

_____

_____

_____

_____

8. THE APPLICANT CERTIFIES THAT NO PRINCIPAL HEREIN NAMED HAS ANY ARRESTS OR CONVICTIONS OF ANY CRIMES EXCEPT AS STATED BELOW. (In case of a Corporation, said certification shall apply to all stockholders)

NAME AND ADDRESS DATES AND NATURE OF ARREST OR CONVICTION

_____

_____

_____

9. GIVE NAMES, ADDRESS AND TELEPHONE NUMBERS OF THREE (3) BUSINESS REFERENCES:

_____

_____

_____

10. ATTACH PHOTOGRAPH OF PERSON WHO WILL MANAGE THE DAY TO DAY OPERATION. YOU MUST NOTIFY THE TOWNSHIP OF A CHANGE IN MANAGER AND SUPPLY A NEW PICTURE OF SAME.

NAME_____

(PHOTOGRAPH 2 x 2) ADDRESS_____

_____

DOB _____ Place of Birth _____Social Sec. No. _____

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

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

Driver's License No. _____

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 APPLLICATION; 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

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

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

_____ Approved ____ _____
Municipal Clerk Denied _____ Date

Fee Paid _____ Receipt No. _____