



CITY OF VINELAND
640 EAST WOOD ST
VINELAND, NJ 08360
HEALTHDEPARTMENT@VINELANDCITY.ORG

Application for ELECTRONIC SMOKING DEVICE ESTABLISHMENT

Administered by: Vineland Health Department (856-794-4131)

Date of Application: ___/___/___ NJ Tax ID # _____

Name of Business (Trade Name) _____

Address of Business _____

Phone # of Business _____

E-mail Address _____

Name of Owner of Business _____

Officers (if owner is a Corporation or LLC)

Address of Owner _____

Mailing Address (if different) _____

Emergency Phone Number of Owner/Manager _____

Fee Schedule - Please check the appropriate box.

- Initial License - \$600.00
Annual Renewal License - \$300.00

*Please make check or money order Payable to City of Vineland.

In consideration of the granting of such license, I hereby agree to maintain and conduct said place of business in strict accordance with the provisions of applicable Ordinances of the City of Vineland.

(Signature of Owner or Designated Agent)

(Address of Applicant)

(Date)

For Official Use Only
Date Approved: _____
License # _____
Health Officer