



BOROUGH OF PARAMUS  
JOCKISH SQUARE  
PARAMUS, NEW JERSEY 07652

Department of Health and  
Human Services  
Tel: 201-265-2100 x2300  
Fax: 201-225-9014

Judith Migliaccio  
Health Officer/Director  
jmigliaccio@paramusborough.org

APPLICATION FOR LICENSE TO SELL ELECTRONIC SMOKING DEVICES EXPIRES DECEMBER 31, 2017

*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 \$500.00 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: \_\_\_\_\_