

LITTLE FALLS TOWNSHIP HEALTH DEPARTMENT
225 MAIN STREET, LITTLE FALLS, NJ 07424
PHONE: 973-256-0170 FAX: 973-890-4501

ELECTRONIC SMOKING OR VAPOR DEVICE ESTABLISHMENT LICENSE APPLICATION

2023

LICENSE NO. _____ NEW _____ RENEWAL _____
BUSINESS/TRADE NAME: _____
BUSINESS ADDRESS: _____
BUSINESS PHONE: _____ FAX: _____
OWNER(S) NAME: _____
OWNER'S ADDRESS: _____
OWNER'S HOME PHONE: _____ CELL: _____
OWNER'S EMAIL ADDRESS: _____
IF CORPORATION, NAME OF RESPONSIBLE PERSON: _____
ADDRESS: _____ PHONE: _____
IF CORPORATION, OFFICERS' NAMES AND POSITIONS: _____

**LICENSE FEE: \$500.00 (FIVE HUNDRED DOLLARS) – MAKE CHECKS PAYABLE TO
"TOWNSHIP OF LITTLE FALLS" AND SUBMIT WITH THIS APPLICATION.**

LICENSES ARE VALID FOR ONE YEAR FROM JANUARY 1ST THROUGH DECEMBER 31ST.

THE UNDERSIGNED HEREBY APPLIES FOR AN ELECTRONIC SMOKING OR VAPOR DEVICE ESTABLISHMENT LICENSE AND AGREES TO COMPLY WITH AND ABIDE BY ALL THE ORDINANCES, RULES, AND REGULATIONS OF THE TOWNSHIP OF LITTLE FALLS AND THE LITTLE FALLS HEALTH DEPARTMENT.

***PLEASE NOTE:** If the applicant is a partnership, corporation, or limited liability company, the applicant must submit a certificate with this application from the State of New Jersey that the business entity, regardless of form, is in good standing, according to the records of the State of New Jersey.*

SIGNATURE OF APPLICANT: _____

FOR OFFICE USE ONLY:
FEE PAID: _____ DATE PAID: _____ CHECK#: _____

NEW APPLICANT ONLY:
APPROVED BY: _____ DATE APPROVED: _____