



TOWNSHIP of HOPEWELL

MERCER COUNTY

DEPARTMENT OF HEALTH

201 Washington Crossing Pennington Road

Titusville, New Jersey 08560-1410

Phone: 609.737.0120 Fax: 609-737-6836 www.hopewelltp.org



Public Health
Prevent. Promote. Protect.

PENNINGTON BOROUGH RETAIL ELECTRONIC SMOKING DEVICE (ESD) ESTABLISHMENT LICENSE APPLICATION

PLEASE PRINT

1. Trade Name: _____

Street Address: _____

Phone No. at Establishment: _____ Fax No. at Establishment: _____

2. Owner Name: _____ Owner Emergency No.: _____

Owner Address: _____

Owner Email: _____

3. **Training Verification** Please print the name(s), and work schedule of the person(s) age 21 and over in the establishment who will be responsible for verifying ID for customers purchasing ESD products on the premises, complete a training module on 21 Age of Sale and the requirements of Ordinance Chapter 192-4. A copy of each employee's signed statement of training must be on record with this Department. Be sure to include copy of certificate(s).

PRINT NAME OF EMPLOYEE

WORK SCHEDULE

MONTH/YEAR OF TRAINING

PRINT NAME OF EMPLOYEE

WORK SCHEDULE

MONTH/YEAR OF TRAINING

PRINT NAME OF EMPLOYEE

WORK SCHEDULE

MONTH/YEAR OF TRAINING

Attach additional sheets if necessary

4. Fees: **Make checks payable to "Borough of Pennington"**

Annual License.....Fee \$600.00

Signature of Applicant: _____ Date: _____

Return Form & Fee to:

Borough of Pennington
30 North Main Street
Pennington, NJ 08534

Checks made payable to "Borough of Pennington"