



# 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.hopewelltwp.org](http://www.hopewelltwp.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"