



# Jersey Shore Regional Health Commission

628 Shrewsbury Avenue

Tinton Falls, NJ 07701

PHONE:(732) 493-9520 • FAX (732) 493-9521 • www.JSRHC.org



## APPLICATION: TOBACCO RETAIL ESTABLISHMENT CLAIM OF EXEMPTION & ELECTRONIC SMOKING SALES

**New Jersey State Sanitary Code, Chapter 6. Smoke-Free Air, N.J.A.C. 8:6** requires that a Notice of Claim of Exemption of a Tobacco Retail Establishment be provided to the health authority of jurisdiction whenever a new Tobacco Retail Establishment is proposed, and thereafter on an annual basis (by April 15 of each year). The operation of a new Tobacco Retail Establishment may not be initiated until this Application, all appropriate fee(s), all required State of New Jersey affidavits (business operator, licensed CPA, registered architect/professional engineer), and any supporting documentation and/or information have been completed and submitted to Jersey Shore Regional Health Commission, and qualification of exemption is confirmed by the health authority. Continued operation of an existing Tobacco Retail Establishment may not proceed unless all renewal documents are received by the Jersey Shore Regional Health Commission (JSRHC) by the 15<sup>th</sup> of April each year.

**TOBACCO RETAIL ESTABLISHMENT CLAIM OF EXEMPTION FEES** (JSRHC Chapter 7, Non-food Inspection Services). The fees for review and processing of Notice of Claim of Exemption of Tobacco Retail Establishments are determined by status as *Initial* and *Renewal*.

**SALES OF ELECTRONIC SMOKING DEVICES LICENSING FEES** (JSRHC Chapter 11, Electronic Smoking Devices). By way of the adoption of Ordinance No. 2022-2 by JSRHC, a licensing fee of \$750 is placed upon any Establishment that conducts, maintains, or operates as a business that sells or offers the sale of Electronic Smoking Device Products designed for consumption through inhalation.

Establishment Information	
Trade Name:	_____
Owner / Corporate Name:	_____
Owner/Corporate Address:	_____
	Street
	City, State, Zip Code
Establishment Address:	_____
	Street
	City, State, Zip Code
Phone #:	_____
Fax #:	_____

Tobacco Retail Establishment Claim of Exemption	
<b>Type of Business</b>	
<input type="checkbox"/> Freestanding	Submit Affidavit Section 1 & 2
<input type="checkbox"/> Not Free Standing	Submit Affidavit Section 1,2 & 3

Type of Retail Establishment Claim of Exemption	
<input type="checkbox"/> Initial Review of Tobacco Retail Establishment	<b>Fee - \$235</b>
<input type="checkbox"/> Initial Review of Cigar Bar or Cigar Lounge	<b>Fee - \$310</b>
<input type="checkbox"/> Subsequential review of Claim of Exemption	<b>Fee - \$75</b>

Type of Product	
<input type="checkbox"/> Sales of Electronic Smoking Device	<b>Fee - \$750</b>

**TOTAL AMOUNT DUE: \$** \_\_\_\_\_

Operator Contact	
Name:	_____
Phone #:	_____
Email:	_____

Return this Form Completed with any additional item as may be requested
Checks made Payable to: <b>Jersey Shore Regional Health Commission</b>

### STATEMENT

I/We hereby certify that all information provided is correct. I fully understand that any deviation from the information provided without prior approval from the Jersey Shore Regional Health Commission may nullify the final approval.

I further agree to conduct business in compliance with the laws of the state of New Jersey, the ordinances of the Jersey Shore Regional Health Commission, in the county of Monmouth, and ordinances and regulations of the Board of Health of the said municipality of the location of establishment as indicated in this application.

Applicant: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Print Name, Title Signature

**Note:** Any corresponding Claim of Exemption for Tobacco Retail Establishment issued by JSRHC, must have an application filed annually by the 15<sup>th</sup> of April of the proceeding year.

Licensing issued for retail sales of Electronic Smoking Devices, unless forfeited or revoked, expires annually on the 31<sup>st</sup> of December each year.

**For Office Use** Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_ Receipt No.: \_\_\_\_\_ License No: \_\_\_\_\_ Fee Paid on: \_\_\_\_/\_\_\_\_/\_\_\_\_