

*** Submit This Cover Page With Application ***



FOR OFFICE USE ONLY

Receipt #:

ID#:

Issue Date:

License #

Office of Health Professionals Regulation

Room 104
3 Capitol Hill
Providence, RI 02908-5097

Instructions and Application For

Electronic Nicotine-Delivery System

- Dealer - Retail (POS)
- Dealer - Vending Machine

- Distributor - Distributor (Wholesaler)
- Distributor - Manufacturer
- Distributor - Importer

Applicant - Print Name

Phone: (401) 222-2828

TTY/TDD: (800) 745-5555

Fax: (401) 222-1272

Please submit the following:

- Completed Application
- Application Fee of \$25.00 in the form a check or money order, made payable to RI General Treasurer

A separate application and license is required for each place of business operated by a distributor or dealer. Each vending machine requires a separate application and fee. If the applicant for a license does not have a place of business in this state, the license shall be issued for such applicant's principal place of business wherever located.

Important Information

Licensure application materials are public records as mandated by Rhode Island law and may be made available to the public, unless otherwise prohibited by State or Federal Law.

The license will expire on January 31st (***regardless of the date issued***), and a form will be mailed to renew the license 60 days prior to expiration. It is the licensee's responsibility to maintain an active license. If a renewal application is not received, the licensee is to contact the Department at 401-222-2828.

You can view your license status at any time by using the following website:

<https://healthri.mylicense.com/Verification/>

Rules and Regulations

To obtain the Rules and Regulations please visit <http://www.sos.ri.gov>.

Mail these components of the application to:

**Rhode Island Department of Health
Office of Health Professionals Regulation
3 Capitol Hill - Room 104
Providence, RI 02908-5097**



State of Rhode Island

Office of Health Professionals Regulation

Application for Electronic Nicotine - Deliver System

Refer to the Application Instructions when completing these forms. Type or block print only. Do not use felt-tip pens.

<p>1. Facility Name:</p>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p style="font-size: small;">Facility Name</p>
<p>2. Contact Person</p> <p style="font-size: x-small;">Provide the name of the contact person who is responsible for licensing.</p>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p style="font-size: x-small;">First Name</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p style="font-size: x-small;">Middle Name</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p style="font-size: x-small;">Surname, (Last Name)</p> <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 5px;"> <div style="border: 1px solid black; width: 20%; height: 20px;"></div> <div style="border: 1px solid black; width: 10%; height: 20px;"></div> <div style="border: 1px solid black; width: 10%; height: 20px;"></div> <div style="border: 1px solid black; width: 10%; height: 20px;"></div> <div style="border: 1px solid black; width: 10%; height: 20px;"></div> <div style="border: 1px solid black; width: 10%; height: 20px;"></div> <div style="border: 1px solid black; width: 10%; height: 20px;"></div> <div style="border: 1px solid black; width: 10%; height: 20px;"></div> </div> <p style="font-size: x-small;">Suffix (i.e., Jr., Sr., II, III) Area Code Phone Number Extension Unlisted?</p>
<p>3. Facility Mailing Information:</p> <p style="font-size: x-small;">Please provide the mailing information for all communication regarding this license. It is your responsibility to notify the department of all address changes.</p> <p style="font-weight: bold; font-size: small;"><i>This information will NOT appear on the HEALTH Web site.</i></p>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p style="font-size: x-small;">First Line Address</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p style="font-size: x-small;">Second Line Address</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p style="font-size: x-small;">Third Line Address</p> <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 5px;"> <div style="border: 1px solid black; width: 30%; height: 20px;"></div> <div style="border: 1px solid black; width: 10%; height: 20px;"></div> <div style="border: 1px solid black; width: 10%; height: 20px;"></div> <div style="border: 1px solid black; width: 10%; height: 20px;"></div> </div> <p style="font-size: x-small;">City State Zip Code</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p style="font-size: x-small;">Country, if NOT U.S. Postal Code, if NOT U.S.</p> <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 5px;"> <div style="border: 1px solid black; width: 15%; height: 20px;"></div> <div style="border: 1px solid black; width: 10%; height: 20px;"></div> <div style="border: 1px solid black; width: 10%; height: 20px;"></div> <div style="border: 1px solid black; width: 10%; height: 20px;"></div> <div style="border: 1px solid black; width: 10%; height: 20px;"></div> <div style="border: 1px solid black; width: 10%; height: 20px;"></div> <div style="border: 1px solid black; width: 10%; height: 20px;"></div> </div> <p style="font-size: x-small;">Mailing Address Phone Extension Mailing Address Fax</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p style="font-size: x-small;">Email Address (Format for email address is Username@domain e.g. applicant@isp.com)</p>
<p>4. Facility Location Information:</p> <p style="font-size: x-small;">It is your responsibility to notify the department of all address changes.</p> <p style="font-weight: bold; font-size: small;"><i>This information will appear on the HEALTH Web site.</i></p>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p style="font-size: x-small;">First Line Address</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p style="font-size: x-small;">Second Line Address</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p style="font-size: x-small;">Third Line Address</p> <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 5px;"> <div style="border: 1px solid black; width: 30%; height: 20px;"></div> <div style="border: 1px solid black; width: 10%; height: 20px;"></div> <div style="border: 1px solid black; width: 10%; height: 20px;"></div> <div style="border: 1px solid black; width: 10%; height: 20px;"></div> </div> <p style="font-size: x-small;">City State Zip Code</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p style="font-size: x-small;">Country Postal Code, if NOT U.S.</p> <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 5px;"> <div style="border: 1px solid black; width: 15%; height: 20px;"></div> <div style="border: 1px solid black; width: 10%; height: 20px;"></div> <div style="border: 1px solid black; width: 10%; height: 20px;"></div> <div style="border: 1px solid black; width: 10%; height: 20px;"></div> <div style="border: 1px solid black; width: 10%; height: 20px;"></div> <div style="border: 1px solid black; width: 10%; height: 20px;"></div> </div> <p style="font-size: x-small;">Facility Phone Extension Facility Fax</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p style="font-size: x-small;">Email Address (Format for email address is Username@domain e.g. applicant@isp.com)</p>
<p>5. Type of Ownership</p> <p style="font-size: x-small;">Please Check ONE</p>	<div style="display: flex; flex-wrap: wrap; justify-content: space-between;"> <div style="width: 30%;"><input type="checkbox"/> Corporation</div> <div style="width: 30%;"><input type="checkbox"/> Limited Liability Company</div> <div style="width: 30%;"><input type="checkbox"/> Partner</div> <div style="width: 30%;"><input type="checkbox"/> Sole Proprietorship</div> <div style="width: 30%;"><input type="checkbox"/> Limited Partnership</div> <div style="width: 30%;"><input type="checkbox"/> Partnership</div> <div style="width: 30%;"><input type="checkbox"/> Governmental Entity</div> <div style="width: 30%;"><input type="checkbox"/> Other (Describe):</div> </div> <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div>

7. Affidavit of Applicant

Complete this section and sign in the presence of a notary public.

Make sure that you and the notary public have completed all components accurately and completely.

I, _____, being first duly sworn, depose and say that I am the person referred to in the foregoing application and supporting documents.

I have read carefully the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for denial, suspension or revocation of my license in the State of Rhode Island.

I hereby certify that none of the electronic nicotine-delivery system products that this business makes, sells, or provides to consumers in Rhode Island are flavored electronic nicotine-delivery system products, in accordance with the provisions of 216-RICR-50-15-6.

I understand that this is a continuing application and that I have an affirmative duty to inform the Department of Health of any change in the answers to these questions after this application and this affidavit is signed.

I further attest that I have read and am in full compliance with the following section of Rhode Island General Law Section 23-1-56 and the rules contained in 216-RICR-50-15-6.

(1) No license under this chapter may be granted, maintained, or renewed if the applicant, or any combination of persons owning directly or indirectly any interests in the applicant:

- (i) Is delinquent in any tax filings for one month or more; or
- (ii) Had a license under this chapter revoked within the past two (2) years.

(2) No person shall apply for a new license, or renewal of a license and no license shall be issued or renewed for any person, unless all outstanding fines, fees, or other charges relating to any license held by that person have been paid.

(3) No license shall be issued relating to a business at any specific location until all prior licenses relating to that location have been officially terminated and all fines, fees, or charges relating to the prior licenses have been paid or otherwise resolved or if the director has found that the person applying for the new license is not acting as an agent for the prior licensee who is subject to any such related fines, fees, or charges that are still due. Evidence of such agency status includes, but is not limited to, a direct familial relationship and/or employment, contractual, or other formal financial or business relationship with the prior licensee.

(4) No person shall apply for a new license pertaining to a specific location in order to evade payment of any fines, fees, or other charges relating to a prior license for that location.

(5) No new license shall be issued for a business at a specific location for which a license has already issued unless there is a bona fide, good-faith change in ownership of the business at that location.

(6) No license or permit shall be issued, renewed or maintained for any person, including the owners of the business being licensed, who has been convicted of violating any criminal law relating to tobacco products and/or electronic nicotine-delivery system products, the payment of taxes, or fraud, or has been ordered to pay civil fines of more than twenty-five thousand dollars (\$25,000) for violations of any civil law relating to tobacco products and/or electronic nicotine-delivery system products, the payment of taxes, or fraud.

Signature of Applicant

Date of Signature (MM/DD/YY)