

State of Hawai'i
Department of the Attorney General
ELECTRONIC SMOKING DEVICE RETAILER REGISTRATION UNIT
Email address: ATG.ESD.Reg.Unit@hawaii.gov

TEMPORARY REGISTRATION FORM

EFFECTIVE JULY 1, 2018: Pursuant to Act 206, Session Laws of Hawai'i 2018, an Entity that engages in the retail sale of electronic smoking devices **shall register** with the Electronic Smoking Device Retailer Registration Unit (Unit) of the Hawai'i Department of the Attorney General. The Unit will process the Temporary Registration Form and after review and verification, shall issue Temporary Certificates of Registration at no cost, commencing on November 1, 2018.

The term "Entity" means one or more individuals, a company, corporation, a partnership, an association, or any other type of legal entity.

The term "Retail Sale" or "Electronic Smoking Device Retailing" means the practice of selling electronic smoking devices to consumers.

The term "Electronic Smoking Device" means any electronic product that can be used to aerosolize and deliver nicotine or other substances to the person inhaling from the device, including but not limited to an electronic cigarette, electronic cigar, electronic cigarillo, or electronic pipe, and any cartridge or other component of the device or related product.

The term "Business Location" or "Place of Business" means the entire premises occupied by a retailer of electronic smoking devices and shall include but is not limited to any store, stand, outlet, vehicle, cart, location, vending machine, or structure from which electronic smoking devices are sold or distributed to a consumer.

TO REGISTER AS A RETAILER OF ELECTRONIC SMOKING DEVICES, PLEASE PROVIDE THE FOLLOWING INFORMATION:

I. ELECTRONIC SMOKING DEVICE RETAILER IDENTIFICATION SECTION

Name(s) under which the Entity conducts or will conduct business: _____

Address of the principal place of business of the Entity: _____

Telephone Number: _____ Facsimile Number: _____

Website Address: _____

Name of Authorized Representative: _____

Email Address of Authorized Representative: _____

Address, telephone number, and name of contact person for each place of business the Entity maintains in the State (*attach a list if more space is needed*): _____

If the Entity conducts retail sale of electronic smoking devices from a vehicle:

Name, address and telephone number of registered owner: _____

Make of Vehicle: _____
Model and Model Year of Vehicle: _____
License Plate Number: _____
State of Registration: Hawaii Other _____
Vehicle Identification Number (VIN): _____

II. ENTITY BUSINESS REGISTRATION INFORMATION SECTION

The Entity's general excise tax number: _____

Is the Entity in good standing with the State Department of Commerce & Consumer Affairs?

Yes No

Does the Entity currently hold a retail tobacco permit? Yes No

If yes, please provide the permit number and expiration date for each place of business the Entity maintains in the State (*attach a list if more space is needed*).

Permit Number: _____
Expiration Date: _____

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Expiration Date: _____

III. STATEMENT OF OWNERSHIP SECTION

Please provide a list of all officers and owners (all persons who individually or acting in concert with any person(s), owns or controls, directly or indirectly, twenty-five percent (25%) or more of the equity interests of the Entity (*attach a list if more space is needed*)).

President: _____
Address: _____

Owner
_____ % interest

Telephone: _____
Email: _____

Partner

Vice President: _____
Address: _____

Owner
_____ % interest

Telephone: _____
Email: _____

Partner

Secretary: _____
Address: _____

Owner
_____ % interest

Telephone: _____
Email: _____

Partner

Treasurer: _____
Address: _____

Owner
_____ % interest

Telephone: _____
Email: _____

Partner

Other: _____
Address: _____

Owner
_____ % interest

Telephone: _____
Email: _____

Partner

I hereby attest that the Entity, or any place of business the Entity maintains in the State, is not in violation of the Federal Food, Drug, and Cosmetic Act, as amended by the Family Smoking Prevention and Tobacco Control Act and its regulations, and has not received a warning letter from the United States Food and Drug Administration based on a compliance check inspection within thirty days of applying for registration.

Date: _____

Signature of Authorized Representative

Print Name of Authorized Representative

**IV. DECLARATION UNDER PENALTY OF LAW pursuant to Parts II and V,
Chapter 710, Hawai'i Revised Statutes (2014)**

I declare under penalty of law that the information provided in this Registration Form is true and correct to the best of my knowledge and belief.

Date: _____

Signature of Authorized Representative

Print Name of Authorized Representative

**THERE SHALL BE NO FEE FOR TEMPORARY REGISTRATION BETWEEN
NOVEMBER 1, 2018 AND JANUARY 2, 2020.**

Please **mail** the completed form to the Department of the Attorney General, Electronic Smoking Device Retailer Registration Unit, 425 Queen Street, Honolulu, Hawai'i 96813.

**FAILURE TO REGISTER AS REQUIRED
MAY RESULT IN A MONETARY PENALTY.**

FOR OFFICIAL USE ONLY

Date Received: _____

Date Reviewed: _____

Approved by: _____

Date Approved: _____

CERTIFICATE NUMBER: _____

Issued for: _____

Location: _____

CERTIFICATE EXPIRATION DATE: _____

Date certificate mailed: _____