

State of Hawai'i  
Department of the Attorney General  
Criminal Justice Division  
**ELECTRONIC SMOKING DEVICE RETAILER REGISTRATION UNIT**  
Telephone: (808) 586-1203  
Facsimile: (808) 586-0932  
Email: ATG.ESD.Reg.Unit@hawaii.gov

**REGISTRATION FORM**

**EFFECTIVE JULY 1, 2018:** Pursuant to section 28-164, Hawai'i Revised Statutes (HRS) (Supp. 2018), an Entity that intends to engage in the retail sale of electronic smoking devices **shall register** with the Electronic Smoking Device Retailer Registration Unit of the Hawai'i Department of the Attorney General.

The term "Entity" means one or more individuals, a company, corporation, partnership, 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. E-liquid is a 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.

Please check this box if this form is being submitted for renewal of registration. Enter the Certificate Number here: \_\_\_\_\_.

Please check this box if this form is being submitted to provide updated business information. Enter the Certificate Number here: \_\_\_\_\_.

**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, include master name or name of parent company and "DBA" or trade name (*attach separate page(s) if more space is needed*):

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Address of each place of business or business location where the Entity conducts or will conduct business (*attach separate page(s) if more space is needed*): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

For each place of business or business location the Entity maintains in the state, provide:

Telephone Number: \_\_\_\_\_ Facsimile Number: \_\_\_\_\_

Website Address: \_\_\_\_\_

Name of Authorized Representative: \_\_\_\_\_

Email Address of Authorized Representative: \_\_\_\_\_

Name of Contact person if Authorized Representative is unavailable: \_\_\_\_\_

Telephone Number of Contact Person: \_\_\_\_\_

Email Address of Contact Person: \_\_\_\_\_

(*Attach separate page(s) if more space is needed.*)

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

Name, address, telephone number, and email address of registered owner: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Make, Model, and Model Year of Vehicle: \_\_\_\_\_

License Plate Number: \_\_\_\_\_

State of Registration: \_\_\_\_\_

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 separate page(s) if more space is needed*).

Permit Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Permit Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Permit Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Permit Number: \_\_\_\_\_

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 per cent or more of the equity interests of the entity *(attach separate page(s) if more space is needed)*).

**President:** \_\_\_\_\_  Owner  
Address: \_\_\_\_\_ % interest

Telephone: \_\_\_\_\_  Partner  
Email: \_\_\_\_\_

**Vice President:** \_\_\_\_\_  Owner  
Address: \_\_\_\_\_ % interest

Telephone: \_\_\_\_\_  Partner  
Email: \_\_\_\_\_

**Secretary:** \_\_\_\_\_  Owner  
Address: \_\_\_\_\_ % interest

Telephone: \_\_\_\_\_  Partner  
Email: \_\_\_\_\_

**Treasurer:** \_\_\_\_\_  Owner  
Address: \_\_\_\_\_ % interest

Telephone: \_\_\_\_\_  Partner  
Email: \_\_\_\_\_

**Other:** \_\_\_\_\_  Owner  
Address: \_\_\_\_\_ % interest

Telephone: \_\_\_\_\_  Partner  
Email: \_\_\_\_\_

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 (21 USC §387, et seq.), 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 of Chapter 710, HRS (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

**NO FEE WILL BE ASSESSED FOR REGISTRATION  
BETWEEN JULY 1, 2018 AND JUNE 30, 2020**

Please **mail** the completed form **with original signatures** 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 ASSESSMENT OF A MONETARY PENALTY  
AS PROVIDED IN SECTION 28-168, HRS (Supp. 2018)**

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**FOR OFFICIAL USE ONLY**

Date Received: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_

Approved by: \_\_\_\_\_

Date Approved: \_\_\_\_\_

CERTIFICATE NUMBER: \_\_\_\_\_

Store name: \_\_\_\_\_

Location: \_\_\_\_\_

CERTIFICATE NUMBER: \_\_\_\_\_

Store name: \_\_\_\_\_

Location: \_\_\_\_\_

CERTIFICATE EXPIRATION DATE: \_\_\_\_\_

Date certificate mailed: \_\_\_\_\_