

State of Hawai‘i
Department of the Attorney General
Criminal Justice Division
ELECTRONIC SMOKING DEVICE RETAILER REGISTRATION UNIT

Telephone: (808) 586-1203
Facsimile: (808) 586-1224
Email: ATG.ESD.Reg.Unit@hawaii.gov

REGISTRATION FORM

EFFECTIVE JULY 1, 2018: Pursuant to section 28-164, Hawai‘i Revised Statutes (HRS), 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 a **new** registration.
- ☐ 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 (*please use Attachment A if registering more than one business location*):_____

Address of each place of business or business location where the Entity conducts or will conduct business (*please use Attachment A if registering more than one business location*): _____

Mailing Address (if different from above): _____

For each place of business or business location the Entity maintains in the state, provide:
(*please use Attachment A if registering more than one business location*):

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: _____

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:	_____	<input type="checkbox"/> Owner
Address:	_____	_____ % interest
Telephone:	_____	<input type="checkbox"/> Partner
Email:	_____	
Vice President:	_____	<input type="checkbox"/> Owner
Address:	_____	_____ % interest
Telephone:	_____	<input type="checkbox"/> Partner
Email:	_____	
Secretary:	_____	<input type="checkbox"/> Owner
Address:	_____	_____ % interest
Telephone:	_____	<input type="checkbox"/> Partner
Email:	_____	
Treasurer:	_____	<input type="checkbox"/> Owner
Address:	_____	_____ % interest
Telephone:	_____	<input type="checkbox"/> Partner
Email:	_____	
Other:	_____	<input type="checkbox"/> Owner
Address:	_____	_____ % interest
Telephone:	_____	<input type="checkbox"/> 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**

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.

Total pages submitted in Registration Form (including additional Attachment A pages): _____

Date: _____

Signature of Authorized Representative

Print Name of Authorized Representative

**NO FEE WILL BE ASSESSED FOR
REGISTRATIONS VALID
BETWEEN JULY 1, 2020 AND JUNE 30, 2024**

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**

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: _____