

Application for Registration as a Specialty Vape Store

To be completed by owner of business.

1. Date of Application (yyyy/mm/dd) _____

2. Reason for Application

New application for registration as a Specialty Vape Store Renewal of existing Specialty Vape Store registration

3. Particulars of Contact

Legal Name

Business or Operating Name

CRA Business Number

Business Address

Unit Number	Street Number	Street Name	PO Box
City/Town	Province		Postal Code

Owner Contact Information

Last Name	First Name	Middle Initial
Telephone	Email	

4. Requirements

Complete this section if you are registering as a Specialty Vape Store.

Is the place of business a building or located inside a building?

Yes No

Is the place of business accessible to customers only from the outdoors?

Yes No

Is the place of business accessible to customers from the areas of an enclosed shopping mall that are open to the public, common to most of the retail establishments within the mall, and not part of any other retail establishment or other businesses within the mall (e.g., a shopping mall concourse)?

Yes No

Can a person enter the place of business in order to pass through to access another business or an enclosed public space? If so, please provide details and attach a sketched layout of the business premises.

Yes No

Does the business have a policy to ensure that persons who are less than 19 years old are not able to enter the place of business (except for employees of the store who are less than 19, and support persons who are less than 19 accompanying a person with a disability who is at least 19 years old)?

Yes No

Are vapour product displays or promotions visible from outside the place of business of the specialty vape store at any time of day?

Yes No

5. Certification

By submitting this application, the applicant agrees that at any time during the application process or following registration as a Specialty Vape Store, the Board of Health may request that the applicant submit any records on which this application was based, and on which continuing registration is based.

I certify that the information provided in this application and in any attached documents is correct, and complete

Print name and sign

I have the authority to bind the business

Date (yyyy/mm/dd)

The information submitted will be kept confidential except as necessary for the purposes of the administration and enforcement of the *Smoke-Free Ontario Act, 2017*, and subject to the *Municipal Freedom of Information and Protection of Privacy Act*.

Note: Specialty Vape Store retailers who sell tobacco products for use with electronic cigarettes (e.g., Heat-Not-Burn) are required to have a Tobacco Retail Dealer's Permit. Please contact the Ministry of Finance for more information at 1-866-ONT-TAXS (1-866-668-8297).