

**MARYLAND FORM 723 ELECTRONIC SMOKING DEVICES (ESD) LICENSE APPLICATION**



217230049

New  Renewal

Legal Name and Trade Name (if applicable)			
Mailing address / Street and Number			
City	County	State	ZIP Code
Office telephone number		FAX	
or			
E-mail address			

**OFFICE USE ONLY**

Check Number \_\_\_\_\_

Amount \$ \_\_\_\_\_

Deposit Date \_\_\_\_\_

Approved \_\_\_\_\_

Date \_\_\_\_\_

License # \_\_\_\_\_

Stub # \_\_\_\_\_

Date Issued \_\_\_\_\_

Check type of license(s) desired and if new or renewal

**Electronic Smoking Devices (ESDs) Licenses**

	Annual Fee
<input type="checkbox"/> Manufacturer # VM- _____	\$25.00
<input type="checkbox"/> Wholesaler Distributor # VW- _____	\$150.00
<input type="checkbox"/> Wholesaler Importer # VI- _____	\$150.00

**Disclaimer: If the applicant currently holds a Cigarette or Other Tobacco Products (OTP) Wholesale or Manufacturer License, the applicant is not required to apply for an Electronic Smoking Devices (ESDs) License.**

**To: The Alcohol and Tobacco Commission**

Application is made by the undersigned under the provisions of Title 16 and Title 16.5 of the Business Regulation Article of the Annotated Code of Maryland as amended, for the type of license checked above, and the applicant submits and certifies to the following information:

A. Type of Ownership

Corporation	<input type="checkbox"/>	} List Federal Identification Number	
Limited Liability Co.	<input type="checkbox"/>		
Partnership	<input type="checkbox"/>	} List Social Security Number*	
Individual	<input type="checkbox"/>		

B. 1. License or storage location: \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Nine - digit ZIP Code \_\_\_\_\_

2. Identify and describe storage warehouse (Street and Number): \_\_\_\_\_

C. Give location where records will be available for audit in Maryland. (If different from license address, approval must be given by this office in writing.) \_\_\_\_\_

D. Individual, partner(s) or corporate officers:

	1	2	3
Name			
Residence			
Home Telephone No.			
Social Security No.			
Title			

Attach sheet for additional partner(s) or corporate officer(s).



SECTION 1 – All applicants must complete this section. Please answer each of the following questions:

- A. List all Electronic Smoking Device licenses currently held by applicant in Maryland or any other state.
B. Does the applicant agree to conform to all the laws, rules and regulations of the State of Maryland relating to the business in which they propose to engage under this license?
C. Does the applicant agree to notify Licensing and Registration in writing at least 30 days prior to any change in the officers, location or ownership of the business?
D. Does the applicant agree that the Executive Director and his duly authorized personnel may inspect any licensed premise or vehicle during regular business hours?
F. Section 1-204 of the Tax-General Article of the Annotated Code of Maryland titled "Compliance With Workers' Compensation Laws" requires the evidence of such compliance prior to the issuance of any license by this office. The applicant hereby affirms that the applicant (check one):
1. is not an employer required to provide coverage by Maryland Workers' Compensation Law; or
2. is an employer required to provide employee coverage by Maryland Workers' Compensation Law and has secured such coverage. As evidence of such coverage, the following is submitted:
a. Name of insurance co.
b. Policy or binder no.

Any changes in the above information should be submitted to Regulatory and Licensing Section in writing within 30 days.

SECTION 2 – All applicants must complete this section

Individual, Partner or a Corporate Officer listed on this form must sign.

NOTE: If there is a parent corporation, president or vice president of the parent corporation must also complete this section.

Affidavit

I do solemnly declare and affirm under the penalties of perjury that the contents of the foregoing document are true and correct to the best of my knowledge, information and belief.

Signature of individual, partner or corporate officer

Title

Type or print name of individual, partner or corporate officer who signed above

Date

Signature of parent corporate officer

Title

Type or print parent corporate officer's name who signed above

Date

Contact Information

ALCOHOL AND TOBACCO COMMISSION LICENSING AND PERMITTING UNIT PO BOX 2999 ANNAPOLIS, MD 21404-2999 410-260-7215 / 800-MD-TAXES FAX: 410-974-3129 ATT@marylandtaxes.gov www.marylandtaxes.gov