



DCA LICENSING CENTER
 42 Broadway, Lobby
 New York, NY 10004
 Monday-Friday: 9:00 a.m.-5:00 p.m.
 Wednesday: 8:30 a.m.-5:00 p.m.

Telephone: (212) 487-4060
 nyc.gov/dca

NYC SMALL BUSINESS SUPPORT CENTER
 90-27 Sutphin Blvd, 4th Floor
 Jamaica, NY 11435
 Monday-Friday: 9:00 a.m.-5:00 p.m.

Pharmacies and businesses containing a pharmacy are not eligible for an Electronic Cigarette Retail Dealer license.

Electronic Cigarette Retail Dealer Cap Exception Certification

Failure to complete this Certification and submit requested documents may result in denial of your license application.

You must submit your complete application and this Exception Certification within 30 days of the change in ownership or partnership.

Definitions and Resources

“**Good standing**” means the Electronic Cigarette Retail Dealer license holder did not violate New York City Administrative Code section 17-704.1(b) or 17-706(a-1) on more than one day in the **three years** before the new application date. For copies of the law, visit nyc.gov/dca.

Department of Consumer Affairs (DCA) violations issued to businesses within the last two years are available on NYC Open Data: <https://data.cityofnewyork.us/Business/Charges/5fn4-dr26>.

It is not sufficient that the current business has an active license with DCA. If the business does not qualify as being in “good standing,” DCA will deny the license application.

Name of New Business:	
Business Premises Address: <i>(Building Number, Street Name, Unit, e.g., Floor, Suite, City, State, ZIP Code)</i>	
Name of Current Business :	
DCA License Number Held by Current Business:	

Do you meet one of the following exceptions? (Choose one only.)

1. My business is a corporation with an Electronic Cigarette Retail Dealer license in good standing that added or subtracted an owner holding 10% or more of corporate stock. <ul style="list-style-type: none"> Date of change in ownership: _____. You must submit documents that show: (1) the date of change of ownership; and (2) corporate structure before and after the change. 	<input type="checkbox"/>
2. My business is a partnership with an Electronic Cigarette Retail Dealer license in good standing that added or subtracted a partner. <ul style="list-style-type: none"> Date of change in partnership: _____. You must submit documents that show: (1) the date of change in partnership; and (2) partnership structure before and after the change. 	<input type="checkbox"/>

<p>3. I purchased a business that had an Electronic Cigarette Retail Dealer license in good standing at the time of purchase, and I will operate my business at the same address.</p> <ul style="list-style-type: none"> • Date of purchase: _____. • You must submit documents that show: (1) date of purchase; and (2) proof of purchase (bill of sale, lease of premises, receipts for merchandise). 	<input type="checkbox"/>
<p>4. My business is located within one of the following areas:</p> <ul style="list-style-type: none"> • JFK Airport, LaGuardia Airport, Flushing Meadows Park, Forest Park (Queens) • Van Cortlandt Park, Bronx Park, Pelham Bay Park (Bronx) • Prospect Park (Brooklyn) • Central Park (Manhattan) • Gateway National Recreation Area (Brooklyn, Queens, Staten Island) 	<input type="checkbox"/>

I certify that:

- I am authorized (e.g., owner, sole proprietor, general partner, director, corporate officer, or shareholder owning 10% or more of company stock) to complete and sign this Certification on behalf of the applicant.
- I will inform DCA, in writing, of any changes to the information in this Certification.
- This Certification is true, correct, and complete.
- This Certification shall be deemed executed in the City and State of New York and shall be governed by and construed in accordance with the laws of the State of New York (notwithstanding New York choice of law or conflict of law principles) and the laws of the United States.

Signature

Print Name

Print Title/Position

Date