



Philadelphia Department of Public Health
Environmental Health Services
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Philadelphia, PA 19153
(215) 685-7340

**CLEAN INDOOR AIR WORKER PROTECTION LAW
SPECIALTY ELECTRONIC CIGARETTE (E-Cigarette) ESTABLISHMENT
EXCEPTION**

This form should be completed and mailed to the address shown above if your establishment wishes to claim the Specialty E-Cigarette Establishment exception to the Philadelphia Clean Indoor Air Worker Protection Law (“CIAWPL”). This form is not required if your establishment does not seek the Specialty E-Cigarette Establishment exception to the CIAWPL.

Under Philadelphia Code §10-614, it will be prohibited to use electronic cigarettes (e-cigarettes) where conventional cigarettes are prohibited under the Clean Indoor Air Worker Protection Law, with certain exceptions. This law goes into effect on **July 1, 2014**. One exception is for a Specialty E-Cigarette Establishment, also known as a “vape shop.” To receive a waiver, an establishment must derive at least 50% of their gross annual revenue from the sale of e- cigarettes, related products, or their component parts, including e-cigarette atomizers, vaporizers, batteries, replacement cartridges and any solution manufactured for use with such devices.

Note, establishments that have been open for less than one full year must submit a business plan outlining their anticipated revenue from electronic cigarettes and a written justification for why they qualify for the Specialty E-Cigarette Establishment exception. This documentation should be sent with your completed Specialty E-Cigarette Establishment Exception form.

SECTION A: ESTABLISHMENT INFORMATION

Trade Name _____

Address _____

Phone _____ Fax _____

Federal Employer ID _____

Licensee (as it appears on your Business Privilege License (BPL)/Commercial Activity License (CAL)) _____

Mailing Address (if different from the establishment address)

Philadelphia BPL/CAL # _____ Philadelphia Business Tax # _____

SECTION B: FINANCIAL INFORMATION

This section should be completed to provide financial information for the previous tax year (not the current tax year). You should read the General Information below before you begin to complete this section.

General Information

An **electronic smoking device** is an electronic device that delivers nicotine or other substances via vapor for inhalation. The term includes e-cigarettes, e-cigars, e-pipes and any other such products; and includes all component parts, such as e-cigarette batteries, atomizers, vaporizers, replacement cartridges and any solution manufactured for use with such a device. It does not include any product approved or certified for sale by the United States Food and Drug Administration as a tobacco use cessation product, or for other medical purposes. It may also be referred to herein as “e-cigarette.”

An **unapproved nicotine delivery product** is a product, other than an electronic smoking device or a tobacco product, containing or delivering nicotine intended or expected for human consumption, or any part of such a product, that has not been approved or otherwise certified for sale by the United States Food and Drug Administration as a tobacco use cessation product, or for other medical purposes.

Electronic smoking devices and unapproved nicotine delivery products are not tobacco products or tobacco-related products and accessories for purposes of a Specialty Tobacco Establishment exception.

Previous Tax Year: 20_____

- (a) Total gross receipts: \$ _____ .00
- (b) Total receipts for e-cigarettes, related products and component parts, e-cigarette atomizers, vaporizers, batteries, replacement cartridges and any solution manufactured for use with such devices: \$ _____ .00

SECTION C: CERTIFICATION

I certify that the establishment named in Section A is a Specialty E-cigarette Establishment as that term is defined in the Philadelphia Code. I further certify that I have reviewed the contents of this form and any accompanying statements or attachments, and to the best of my knowledge and belief, they are true and complete.

Signature

Date

Name

Title