



Forsyth County Business License Department
110 E. Main Street | Suite 130 | Cumming, GA 30040
(678) 455-9888 | www.forsythco.com

Vapor and E-Cigarettes Application

- [Ordinance 127](#) regulating the use of Vapor and E-Cigarette products is available at www.forsythco.com, located on the Business License page.

- Submit completed applications to:

Forsyth County Business License Department
110 East Main Street, Suite 130
Cumming, GA 30040

- For questions related to Ordinance 127:

Amy Konrath, Business License Manager
770-886-2830
AJKonrath@forsythco.com

Section 1: General Information

- 1) Is this application for a license for Vapor and E-Cigarettes? [YES]
Please submit payment of \$1,000.00 with completed application in the form of a check, cash, or credit card (Visa / MasterCard).

- 2) Is the applicant 21 years of age or older? [YES] or [NO]

- 3) Provide the name of your business as it appears on your Forsyth County Business License including the location address:

- 4) Identify the named licensee:

- 5) Provide a survey and certificate from a registered surveyor showing the compliance with the distance requirements identified in Sections 50-7 (b)(5) of the Forsyth County Ordinance 127.

- 6) Is the applicant the owner of the premises or holder of the lease for the period covered by the license? [YES] or [NO]

- 7) I have read and understand the Forsyth County Ordinance 127: [YES] or [NO]

- 8) I understand that, if a license is granted, I must maintain a copy of Ordinance 127 on the licensed premises and require each employee to be familiar with Ordinance 127: [YES] or [NO]

- 9) Have you been denied under the provision of this Ordinance the same type of license in the last 12 months: [YES] or [NO]

Section II: Applicant Statement

10) Full Name:

11) Phone Number:

12) E-mail Address:

13) Address:

Section III: Application Certification

Application must be sworn to and signed by the applicant in the presence of a notary public or other officer authorized to administer oaths. Any misstatement or concealment of fact in the application shall be grounds for denying this permit, and shall make the applicant liable to prosecution for perjury under the laws of the State of Georgia.

I solemnly swear that the foregoing statements are true and complete. I understand that any falsehoods are ground for denial of this application.

Name

(Print)

Signature

Sworn to and subscribed before me this _____ day of _____, 20_____.

Notary Public