



VAPOR PRODUCT MANUFACTURER

Who Must Complete an Application?

Manufacturers of vapor products shall not sell vapor products into Louisiana without authorization from the Office of Alcohol and Tobacco Control.

DEFINITIONS

“E-LIQUID” means a substance that does not include cannabis or CBD as defined under the laws of Louisiana and the laws of the United States and which meets the following criteria: (1) may or may not contain nicotine; (2) is intended to be vaporized and inhaled using a vapor product; and (3) is a legal substance under the laws of this state and the United States.

“MANUFACTURER” means anyone engaged in the manufacture, production, or foreign importation of tobacco products, vapor products, and alternative nicotine who sells to wholesalers.

“Retail Dealer” includes every dealer other than a wholesale dealer or manufacturer who sells or offers for sale cigars, cigarettes, other tobacco products, alternative nicotine products, or vapor products, irrespective of quantity or the number of sales. If any person is engaged in the business of making sales at both retail and wholesale, “retailer” shall apply only to the retail portion of the business.

“TAMPER EVIDENT PACKAGE” means package having at least one indicator or barrier to entry that, if breached or missing, can reasonably be expected to provide visible evidence to consumer that tampering has occurred.

SAFETY REQUIREMENTS

All Manufacturers and wholesalers shall comply with the following:

1. Any alternative nicotine or vapor product must use a child proof cap that has a child resistant effectiveness set forth in the federal poison prevention packaging standards, 16 CFR 1700.1(b)(1).
2. Any alternative nicotine or vapor products must use tamper evident packaging. The tamper evident packaging feature must be designed to remain intact when handled in a reasonable manner.
3. Any manufacturer or wholesaler who violates the safety requirement provisions of this chapter shall be subject to having their permit suspended or revoked.



Vapor Product Manufacturer: Request for Authorization

NOTICE TO APPLICANT: Misstatement or Suppression of material facts in this application is **GROUNDS FOR DENIAL** or **REVOCAION** of any permit(s) issued thereafter. Additionally, filing false public records is a violation of Louisiana Revised Statute 14:133 and may result in imprisonment for not more than five (5) years with or without hard labor and/or fines of not more than \$5000.00.

Business Information	
1. Type of Ownership: <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Other _____	
2. Owner/Entity Legal Name: (Name of individual, LLC, or Corporation)	
3. Trade Name (D/B/A):	
4. Mailing Address: <input type="checkbox"/> Not Applicable	
5. Primary Business Email Address:	6. Business Contact Number: <input type="checkbox"/> Cell <input type="checkbox"/> Business
7. Federal Employee Identification No. (FEIN)	8. Louisiana State Identification No.

MANUFACTURING FACILITY INFORMATION	
9. Name, title and contact number of Responsible Person of the Manufacturing Facility.	
10. Address of Manufacturing Facility.	
11. Does Applicant attest the manufacturing facility will comply with applicable tobacco products good manufacturing practices pursuant to 21 U.S.C. 387f(e) of the Federal Food, Drug, and Cosmetic Act? Attach proof of FDA compliance.	<input type="checkbox"/> YES <input type="checkbox"/> NO
12. Does Applicant attest the manufacturing of vapor products shall comply with the applicable ingredient listing required by 21 U.S.C. 387d(A)(1) of the Federal Food Drug, and Cosmetic Act? Attach proof.	<input type="checkbox"/> YES <input type="checkbox"/> NO

WARNING & SIGNATURE: Applications may only be signed by the Applicant as listed below. Applications signed by a person other than listed below may result in denial of application.

BY SIGNING BELOW, YOU ARE SWEARING, UNDER OATH, that you have read each of the questions in this application and that all answers are true and correct to the best of your knowledge, that you meet all the qualifications and that you understand your obligations as a vapor product manufacturer. For additional information, see www.atc.la.gov.

Print Name (Applicant)

Signature of Applicant

Title

Date

Notary Use Only	
Sworn to and subscribed to me on this _____ day of _____, 20_____, in the parish/county of _____, State of _____	
_____ Name of Notary Public	_____ Signature of Notary Public