Republic of Latvia

Cabinet

Regulation No. 593

Adopted 6 September 2016

**Procedures by which an Economic Operator Notifies of the Commencement of Trade of Electronic Cigarettes and Refill Containers of Electronic Cigarettes**

*Issued pursuant to*

*Section 8, Paragraph nine of the Law on the Handling of Tobacco Products, Herbal Products for Smoking, Electronic Smoking Devices and Their Liquids*

1. This Regulation prescribes the procedures by which an economic operator shall notify the Health Inspectorate prior to the commencement of trade of electronic cigarettes and refill containers of electronic cigarettes.

2. Prior to the commencement of trade of electronic cigarettes and refill containers of electronic cigarettes the economic operator shall submit to the Health Inspectorate an application on the trade of electronic cigarettes and refill containers of electronic cigarettes (hereinafter – the application) (Annex). The application may be submitted in person, sent by post or electronically if the electronic document has been drawn up in accordance with the laws and regulations regarding the drawing up of electronic documents.

3. If during the examination of the application the Health Inspectorate determines that it is not completed in accordance with the sample in Annex to this Regulation or is incomplete, it shall, within 30 days from the receipt of the application, make a request in writing to the economic operator to clarify the submitted information.

4. The economic operator shall submit the clarified information to the Health Inspectorate within 14 days from the receipt of the request referred to in Paragraph 3 of this Regulation.

5. If the economic operator has not received the request referred to in Paragraph 3 of this Regulation within 30 days from the submission of the application or the repeated request referred to in Paragraph 3 of this Regulation within 14 days from the submission of the clarified information referred to in Paragraph 4 of this Regulation, it shall be deemed that the economic operator has fulfilled the obligation referred to in Section 8, Paragraph nine of the Law on the Handling of Tobacco Products, Herbal Products for Smoking, Electronic Smoking Devices and Their Liquids.

6. The economic operator shall notify the Health Inspectorate of a new point of sale or any changes within 14 days if the following information has changed:

6.1. the name of the economic operator or registered office;

6.2. the authorised signatory or contact person;

6.3. the planned assortment;

6.4. the name of the point of sale, place of business, phone number.

7. Economic operators who have commenced the trade of electronic cigarettes and refill containers of electronic cigarettes before the day of entry into force of this Regulation, shall submit the application to the Health Inspectorate by 20 November 2016.

Prime Minister Māris Kučinskis

Minister for Health Anda Čakša

**Annex**

Cabinet Regulation No. 593

6 September

2016

**Application on the Commencement of Trade of Electronic Cigarettes and Refill Containers of Electronic Cigarettes**

1. Information on the economic operator

|  |  |
| --- | --- |
| Name |  |
| Reg. No. |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |

 |
| Registered office |  |
| Telephone number |  |
| E-mail address |  |

2. Information on authorised signatory/-ies of the company

|  |  |
| --- | --- |
| Given name, surname |  |
| Position |  |
| Telephone number |  |
| E-mail address |  |

3. Information on the contact person (if different from the person indicated in Clause 2 of this Annex)

|  |  |
| --- | --- |
| Given name, surname |  |
| Position |  |
| Telephone number |  |
| E-mail address |  |

4. Information on the planned assortment

 electronic cigarettes

 refill containers of electronic cigarettes

5. Information on the point of sale

1.

|  |  |
| --- | --- |
| Name |  |
| Place of business |  |
| Telephone number |  |

2.

|  |  |
| --- | --- |
| Name |  |
| Place of business |  |
| Telephone number |  |

3.

|  |  |
| --- | --- |
| Name |  |
| Place of business |  |
| Telephone number |  |

4.

|  |  |
| --- | --- |
| Name |  |
| Place of business |  |
| Telephone number |  |

5.

|  |  |
| --- | --- |
| Name |  |
| Place of business |  |
| Telephone number |  |

6.

|  |  |
| --- | --- |
| Name |  |
| Place of business |  |
| Telephone number |  |

7.

|  |  |
| --- | --- |
| Name |  |
| Place of business |  |
| Telephone number |  |

 I hereby certify that all the information provided in the application is true.



|  |  |  |  |
| --- | --- | --- | --- |
| The submission was filled in by: |  |  |  |
|  | (given name, surname) |  | (signature\*) |

|  |  |
| --- | --- |
|  |  |
| (date\*) |  |

Note. \* The detail of the document “signature” and “date” shall not be completed if the electronic document has been drawn up in accordance with the laws and regulations regarding drawing up of electronic documents.

Minister for Health Anda Čakša