



SPECIALIST VAPE RETAILER: APPLICATION GUIDANCE

Vaping Regulatory Authority

This guide is intended to provide an overview of the steps required to apply online. It is not a detailed guide; just prompts to help you navigate through the key areas of the portal

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SPECIALIST VAPE RETAILER APPLICATIONS - PREPARATION

BEFORE YOU START, YOU WILL NEED THE FOLLOWING

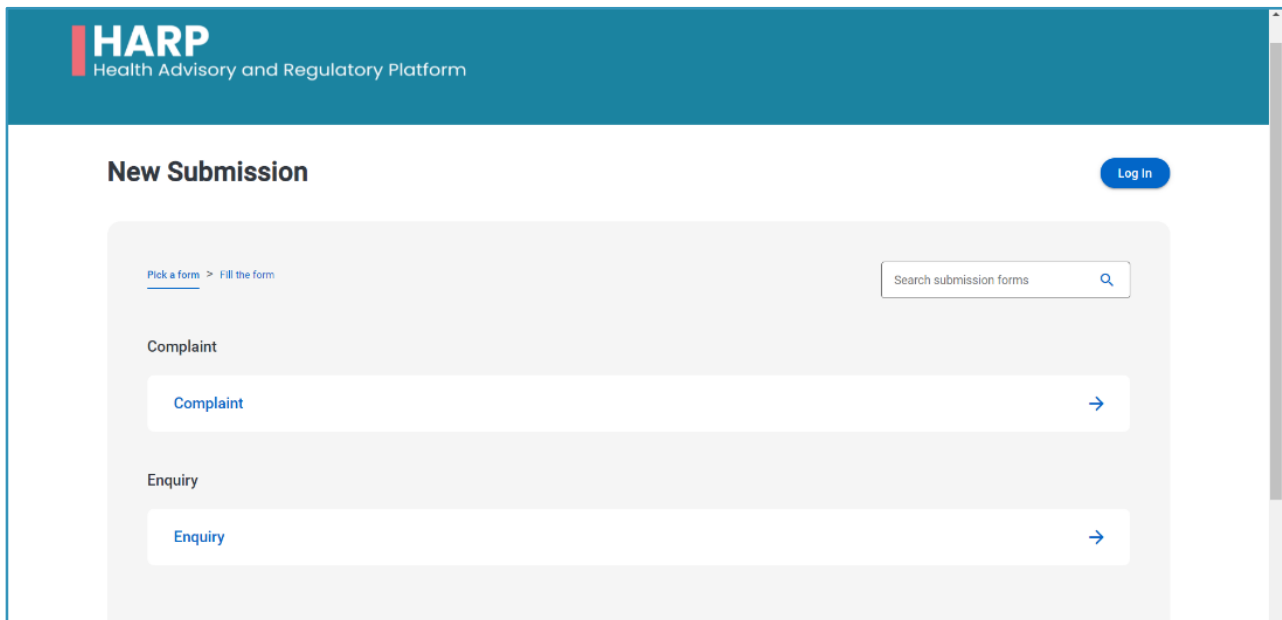
1. Business contact details
2. Debit/Credit card (if not paying by invoice) plus 2% card processing fee
3. The fees are:
 - a. Specialist Vape Retailer (SVR) \$1600 plus GST (one-off fee)
 - b. Approved Vaping Premise (AVP) \$600 plus GST (one-off fee per premise)
 - c. Approved Internet Site (AIS) \$600 plus GST (one-off fee per website)

Specifically, for AVP applications. You will need the following:

- a. Photos of the outside of your premise including the main entrance
- b. Photos of the inside of your premise from the main entrance
- c. Photos of all your point of sales

SPECIALIST VAPE RETAILER APPLICATIONS – APPLYING ONLINE

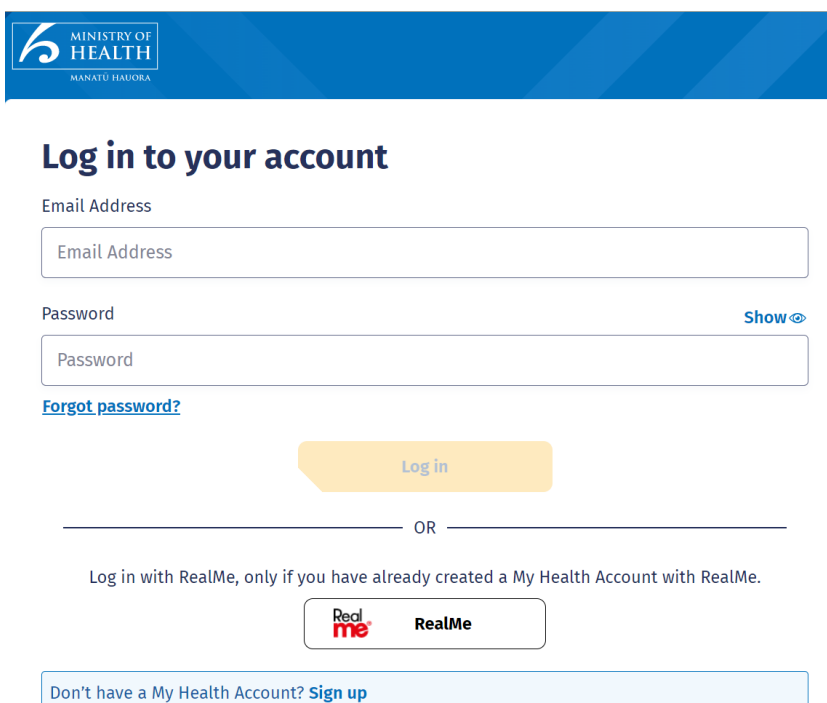
STEP 1: LOG IN / REGISTER



The screenshot shows the HARP (Health Advisory and Regulatory Platform) portal. At the top left is the HARP logo. The main heading is 'New Submission'. On the right, there is a 'Log In' button. Below the heading, there are two sections: 'Complaint' and 'Enquiry'. Each section has a search bar with the text 'Complaint' or 'Enquiry' and a right-pointing arrow. A search bar at the top right of the form area is labeled 'Search submission forms'.

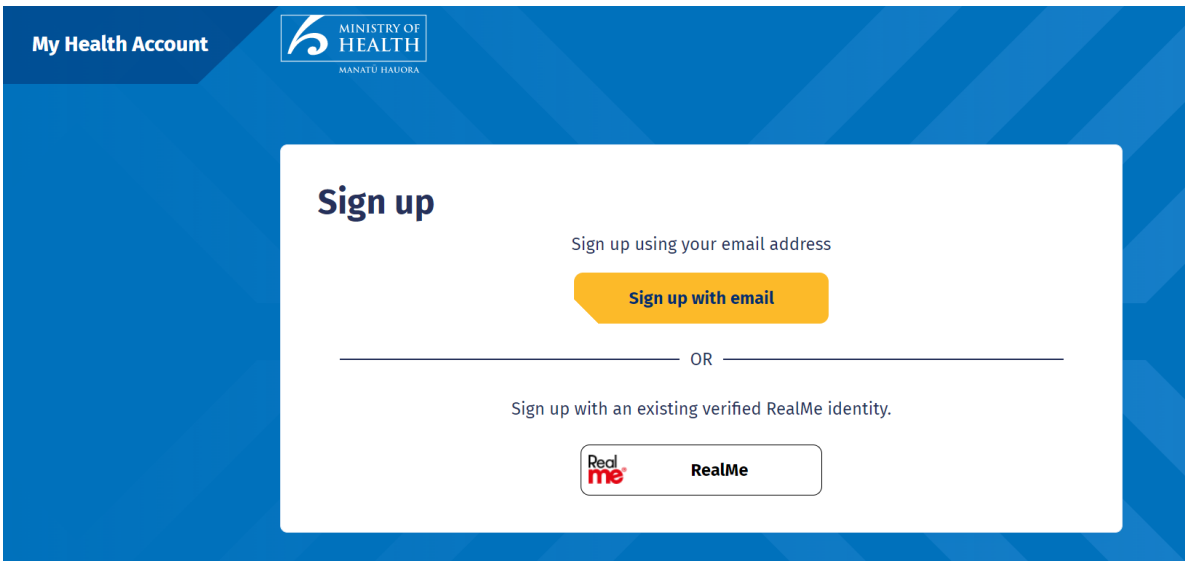
a. Go to the HARP portal <https://vaping.harp.health.nz> and select LOG IN.

b. SIGN UP for My Health Account

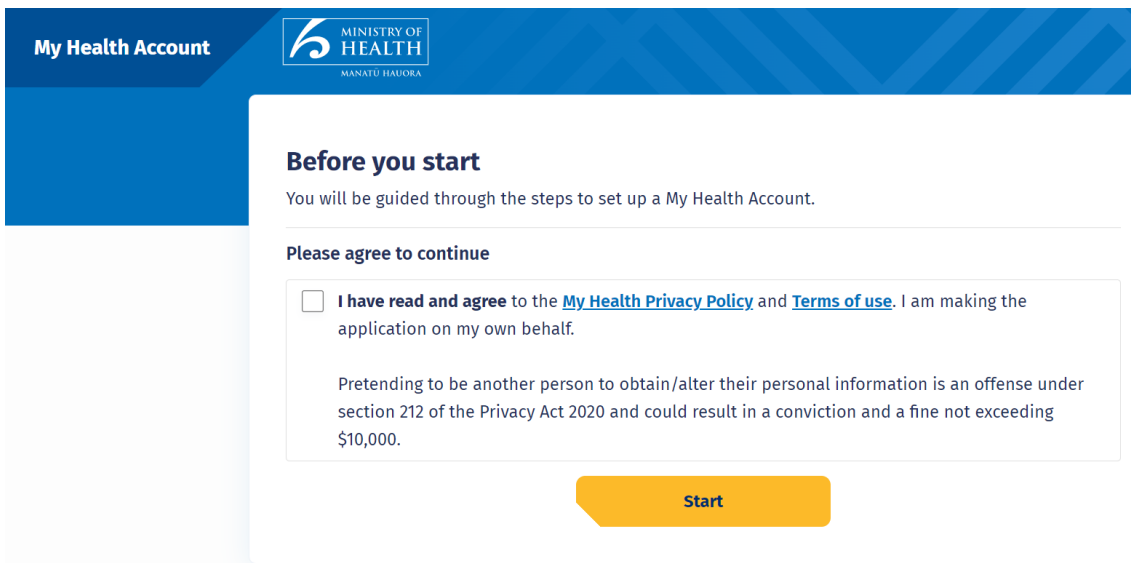


The screenshot shows the Ministry of Health login page. At the top left is the Ministry of Health logo. The heading is 'Log in to your account'. Below the heading are two input fields: 'Email Address' and 'Password'. To the right of the password field is a 'Show' button with an eye icon. Below the password field is a link for 'Forgot password?'. A yellow 'Log in' button is centered below the input fields. Below the button is the text 'OR' and a line. Below the line is the text 'Log in with RealMe, only if you have already created a My Health Account with RealMe.' Below this text is a RealMe logo button. At the bottom, there is a light blue box with the text 'Don't have a My Health Account? Sign up'.

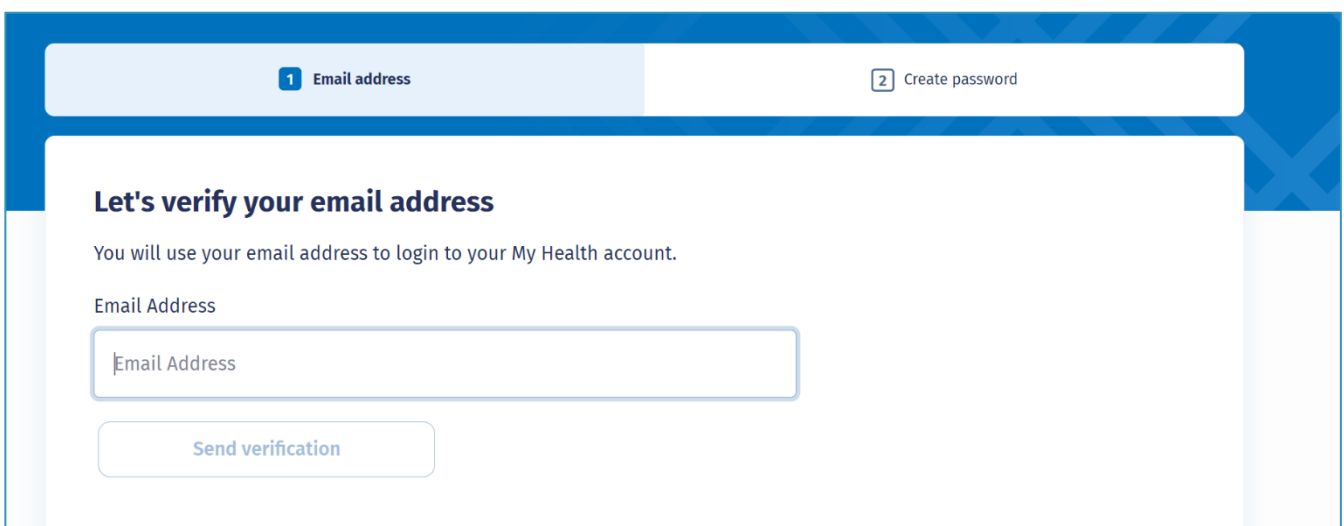
c. SIGN UP with Email or RealMe



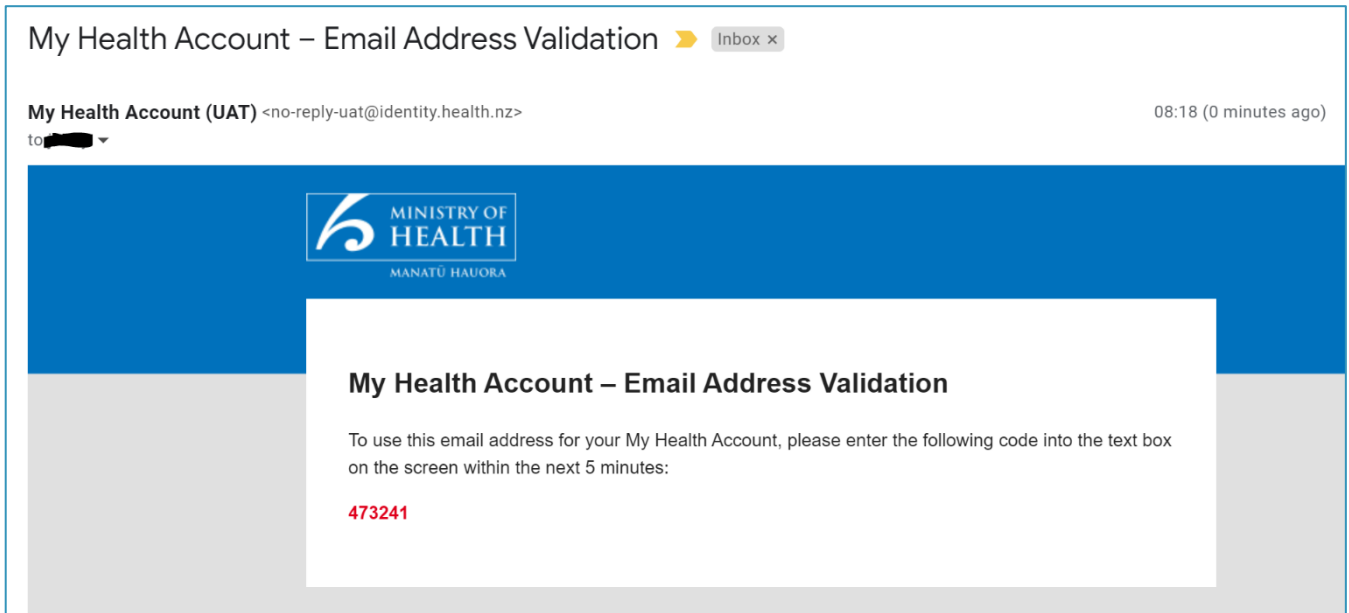
d. PLEASE AGREE TO CONTINUE and click START



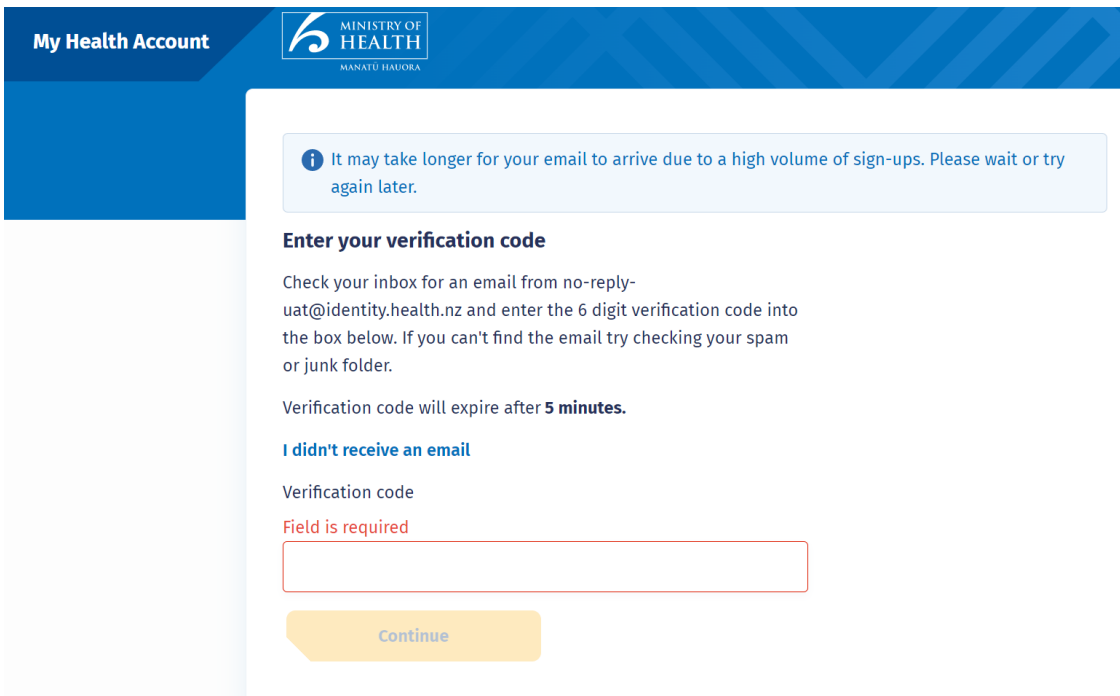
e. Enter email address and SEND VERIFICATION



f. Check email and copy verification code



g. Enter verification code and CONTINUE,



✔ Email address
2 Create password

Create a password

Passwords are easily guessed. We recommend using passphrases and avoid using the same password you've used on other websites.

Password must contain **one of the following criteria:**

A At least 12 characters.

OR

B at least 7 characters and three of the following:

- ◆ uppercase (A-Z)
- ◆ lowercase (a-z)
- ◆ numbers (0-9)
- ◆ symbols (e.g. #, \$, !, @, etc)

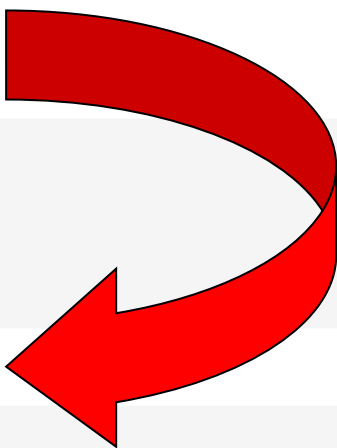
Enter password Show

Create

h. Enter password and CREATE

STEP 2: REGISTER FOR ACCESS

a. Register for access



Pick a form > Fill the form

Registration

Manufacturer/Importer/Distributor/Retailer
→

Enquiry

Enquiry
→

Complaint

Complaint
→

Report a side effect to Vaping
→


b. Enter USER DETAILS, NAME & NZBN, and REGISTERED ADDRESS

User Details

First Name *

Last Name *

Date of Birth *



Email Address *

Telephone Number

Role/Job Title

Name and NZBN

Business Name *


Trading/Franchise Name *

NZBN

Business Type *

If you are not a responsible person for the entity then you must provide a letter of authority from a responsible person allowing you to act and make statutory declarations on behalf of the entity

Upload Letter of Authority

 Upload File

The Vaping and Tobacco Regulatory Authorities publish updates relating to the vaping and tobacco regulatory schemes on the Ministry of Health website. We also include updates in our e-newsletters, which are currently sent via Campaign Monitor, and we recommend that you opt-in to receive these so you don't miss anything important:

I would like to receive the Vaping Regulatory Authority e-newsletter to receive updates about legislation, reminders, compliance alerts and information that may be important to my business *

Yes

No

I would like to receive the Tobacco Regulatory Authority e-newsletter to receive updates about legislation, reminders, compliance alerts and information that may be important to my business *

Yes

No

Registered Address

Search for an address here

Street *

Suburb *

City *

Postcode *

- c. **Select SPECIALIST VAPE RETAILER, then NEXT button, then SUBMIT NOW button**
Registration will be reviewed and email sent once approved.

MOH Portal Access

Please tell us the reason for your registration *

I want to submit an application to become a Specialist Vape Retailer

I want to submit a Product Notification for a Notifiable Product

I want to notify the Director-General that I sell Regulated Products at wholesale and/or retail

I want to submit an application to be an Approved Smoked Tobacco Retailer


Select all that apply

- d. **PLEASE NOTE IT COULD TAKE A FEW BUSINESS DAYS FOR A CUSTOMER ACCOUNT TO BE SET UP.**

STEP 3: MY SUBMISSIONS

- a. **After access granted proceed to MY SUBMISSIONS dashboard and click on + NEW SUBMISSION**

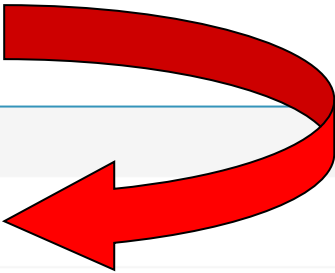
My Submissions



+ NEW SUBMISSION

1. MY ORDERS 2. MY LICENCES 3. MY PRODUCTS 4. MY NOTIFIER APPLICATIONS 5. MY RETAILER APPLICATIONS 6. MY AMENDMENTS 7. MY CORRESP >

b. **Select SPECIALIST VAPE RETAILER APPLICATION**



VRA Applications	
Specialist Vape Retailer (SVR) Application	→
Approved Vaping Premises (AVP) Application	→
Approved Internet Site (AIS) Application	→
Product Notification	→
Product Notification Renewal	→

STEP 4: COMPLETE SVR APPLICATION

a. **Fill in APPLICANT DETAILS:**

Pick a form > [Specialist Vape Retailer \(SVR\) Submission](#) > Review & Submit

Applicant Details

First Name *

Last Name *

Business Name *

Email Address *

Phone Number *

b. **Fill in REGISTERED ADDRESS:**

Registered Address

Street *

Suburb *

City *

Post Code *

c. **Complete CHECKLIST and FINAL DECLARATION:**

Checklist

Are you a New Zealand resident? *

Final declaration

I declare that, to the best of my knowledge, the information I have provided is complete and correct. *

d. **Click NEXT Button and then hit the SUBMIT NOW button**

Pick a form > Specialist Vape Retailer (SVR) Submission > Summary

SUBMIT ▼

Specialist Vape Retailer (SVR) Submission

Applicant Details

Business Name Confirmation

d. Click on MY SUBMISSIONS and go to the MY ORDER dashboard:

Specialist Vape Retailer (SVR) Application

Submitted

My Submissions GARY BARLOW ▾

The form has been submitted

Thank you for submitting your specialist vape retailer application to the Vaping Regulatory Authority. Your application will not be processed until your outstanding payment for **SVRS-5** is processed.

To make an outstanding payment, please progress to the **My Orders** dashboard.

[+ NEW SUBMISSION](#)

b. Click the price to open the order.

Orders In Progress				
	ODR-19 Generated Order ID: REG19 - Business Name: ██████████	1840.00 : 1840.00 04/08/2021 10:04	1840.00 1840.00	SUBMIT ORDER

c. Review ITEM SUMMARY and click NEXT button.

d. Review ADJUSTMENTS and click NEXT button.

e. Review SUMMARY and click SAVE button.

Pick a form > Summary > Item Summary > Adjustments > Review & Submit

... OTHER OPTIONS [SUBMIT ORDER](#)

Summary

Summary

Generated Order ID
REG19

[Edit](#)

f. Click SUBMIT ORDER button

PAY BY CREDIT CARD

Pick a form > Summary > Item Summary > Adjustments > Review & Submit

... OTHER OPTIONS **PAY NOW**

Summary

Summary

Generated Order ID
REG19

a. Click PAY NOW button


b. Enter debit/credit card details and PAY




HARP
Health Advisory and Regulatory Platform


Ministry of Health

\$1,876.80 NZD
Includes \$36.80 surcharge.


Enter card details

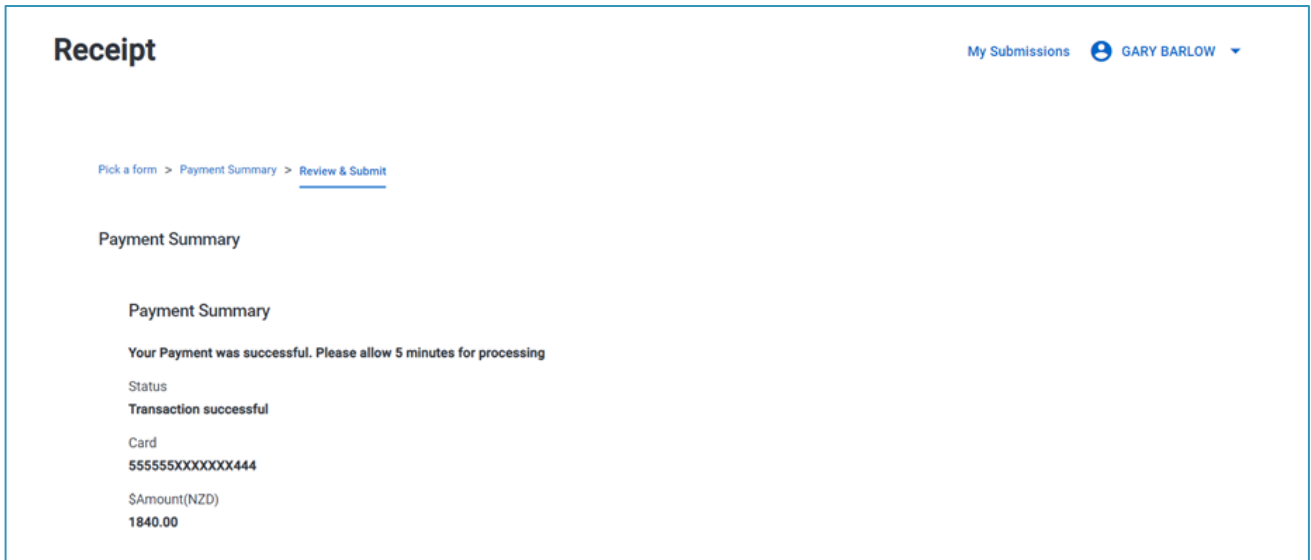
 Card number

 MM/YY  CSC 

 Cardholder name

Pay

 **Paystation**
by trademe



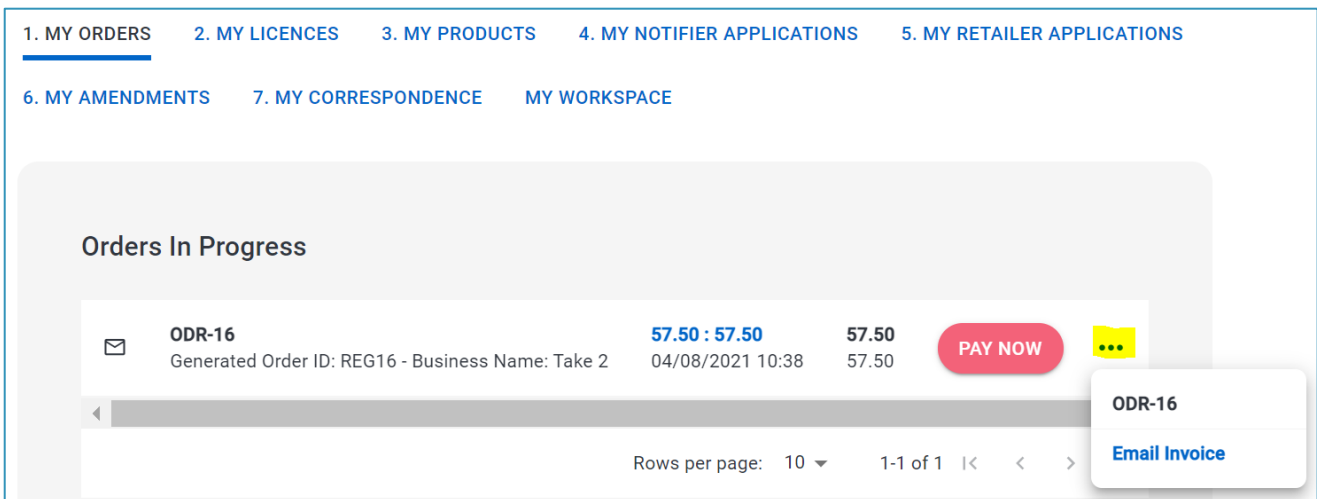
c. **After payment you will receive a receipt**

d. **Your SVR application has been submitted for assessment**

e. **An email will be sent when the application has been assessed, or you can check progress on HARP**

PAY BY INVOICE

a. **In the My Orders screen, click ... to the right of the Order. Select EMAIL INVOICE**



b. **Make payment to the bank account on the invoice**

c. **Once payment has been received your SVR application will be submitted for assessment. This should be processed within five working days.**

d. **An email will be sent when the application has been assessed, or you can check progress on HARP**

APPROVED VAPING PREMISE APPLICATION – PREPARATION

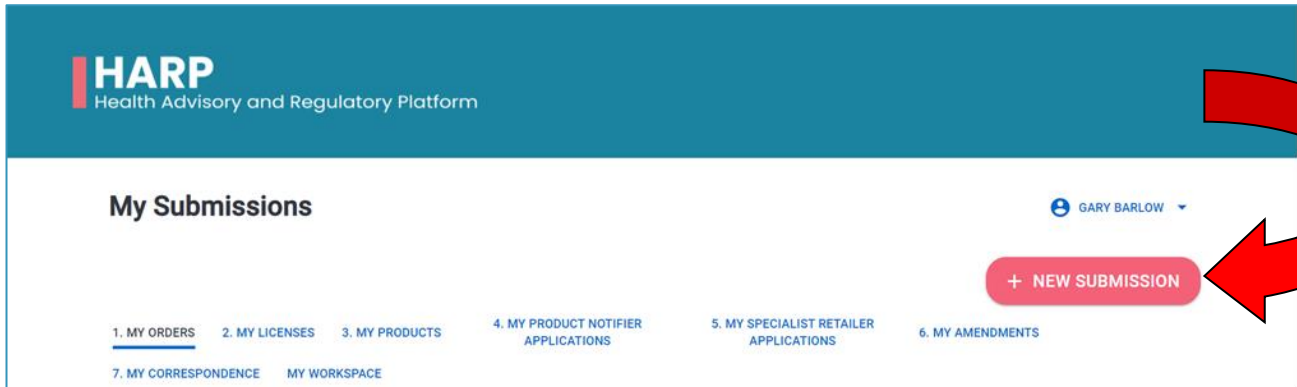
BEFORE YOU START YOU WILL NEED THE FOLLOWING

1. A submitted and approved SVR application
2. Photos of the outside of your premise including the main entrance
3. Photos of the inside of your premise from the main entrance
4. Photos of all points of sales areas
5. If you are applying for 60% sales threshold, documents will be required to demonstrate the applicability of the lower sales threshold
6. The fees for an AVP are \$600 plus GST (one-off fee per premise)

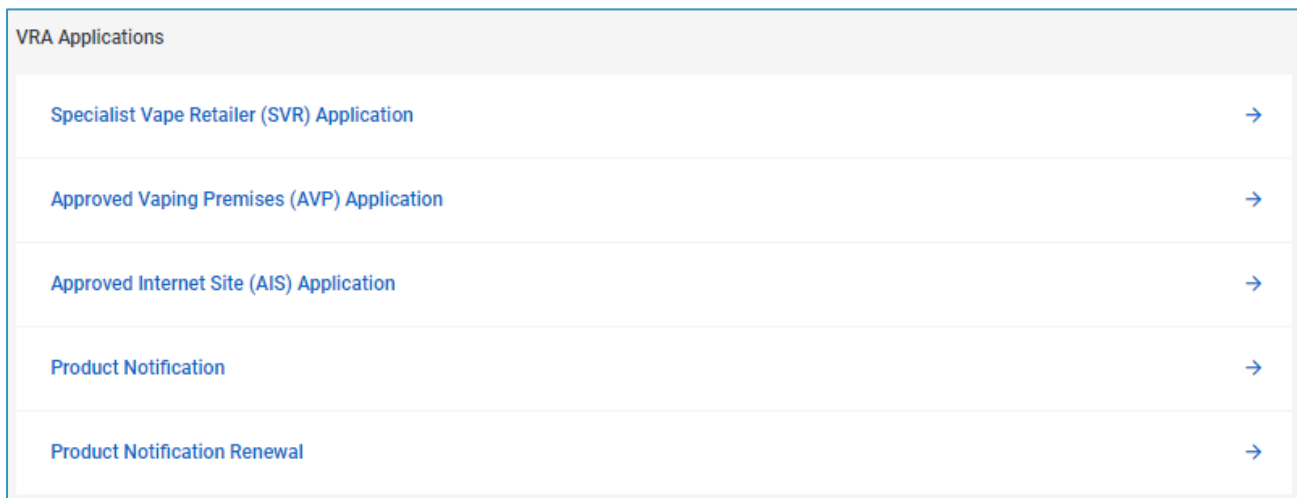
APPROVED VAPING PREMISE APPLICATION – APPLYING ONLINE

STEP 1: CREATE NEW AVP SUBMISSION

- a. After logging into the HARP portal, proceed to MY SUBMISSIONS dashboard and click on + NEW SUBMISSION



- b. Select APPROVED VAPING PREMISES (AVP) APPLICATION



STEP 2: COMPLETE APPROVED VAPE PREMISES (AVP) APPLICATION

Pick a form > [Approved Vaping Premises \(AVP\) Application](#) > Summary

Important Considerations

Please check your proposed AVP (approved vaping premise) against the list of considerations below. It is recommended you do not submit an application unless you are satisfied the premises would comply with each of these points. No refunds will be made once we begin assessing your application:

- Whether any emissions within the AVP would not be able to pass directly into any other place where people are working [see section 14(1)(a)]
- Whether staff would always be present in the AVP when it is open, so they are able to carry out age-checks before people enter [see section 14(2)]
- Whether the AVP would have clearly identifiable points of entry, which do not permit under-18s [see section 14(2)]
- Whether the AVP would be directly accessible from a public thoroughfare (e.g. public pavement, public walkway, walkway in a mall) [see section 20P(1)]
- Whether the AVP would be a public place, meaning that the public can enter the premises during opening hours [see section 20P(1)]
- Whether customers would be served inside the AVP [see section 20P(1)]
- Whether there would be a point of sale inside the AVP [see section 20P(1)]
- Whether the AVP would be a fixed permanent structure [see section 20P(2)(a)(i)], meaning it will be a structure that is:
 1. fixed rather than mobile, and cannot be easily moved
 2. permanent rather than temporary, and cannot be easily deconstructed
- Whether the primary purpose of the AVP would be to sell vaping products, and the primary reason people will enter the AVP would be to purchase vaping products (such that sales threshold requirements would be met) [see section 20P(2)(b)]
- Whether the entranceway to the AVP is separate from the entranceway to any other premises [see section 20P(1)].
- Whether the AVP's doorway is completely separate from the doorway of any other premises [see section 20P(1)].
- Whether the AVP's entrance door operates completely independently from any other premises' entrance door [see section 20P(1)].

See the [Smokefree Environment and Regulated Products Act](#) or [Regulations](#) for the details on the relevant section as above.

a. Fill in APPLICANT DETAILS:

Pick a form > [Specialist Vape Retailer \(SVR\) Submission](#) > Review & Submit

Applicant Details

First Name *

Last Name *

Business Name *

Email Address *

Phone Number *

b. Fill in REGISTERED ADDRESS:

Registered Address

Search for an address here

Street *

Suburb *

City *

Post Code *

c. Fill in VAPING PREMISES details:

Vaping Premises

Please enter the address of the premises you wish to nominate.

New Zealand  
Enter address

Please enter the address of the premises you wish to nominate.

Street *

Suburb *

City *

Post Code *

Please enter the planned opening date if you are opening a new store, or the date on which you want your existing store to become approved vaping premises if you are changing from a general store to a specialist vape store.

Planned AVP Opening Date *

Provide details on staffing arrangements in your vape store (number of owner-operators, employees, contractors, volunteers, etc. who will work there) and if another business occupies the same premises, clarify whether you will share staff with the other business. *

Provide details on the steps you will take to ensure that no-one under the age of 18 years enters your vape store. *

* Required fields before submitting

d. Attach PHOTOS OF PREMISES / Supporting Files and complete DECLARATION. Click NEXT button.

Photos of Premises

Upload Photos *




Upload photos of:

- Outside of your premises including the main entrance
- Inside of your premises from the main entrance
- All of your points of sale
- If you are applying for approval before the store is ready to trade, upload the above photos to indicate where the vape store will be and proposed floor plans

Please note: if you do not provide sufficient information to enable us to fully assess your application, you will have limited opportunity to do so during the assessment process.

Supporting Files

Upload Supporting Files

 Upload File

Upload supporting files demonstrating how you will:

- meet and maintain the sales threshold (e.g. business plan)

Please note: if you do not provide sufficient information to enable us to fully assess your application, you will have limited opportunity to do so during the assessment process.

Declaration

Please, select one of the following. *

- Sales from vaping products make up at least 70% of the total sales from these Vaping Premises. *
- Sales from vaping products make up at least 60% of the total sales from these Vaping Premises and I have uploaded documents to demonstrate the applicability of the lower sales threshold for these premises. *
- Sales from vaping products will make up at least 70% of the total sales from these Vaping Premises at a future date and I have uploaded documents to demonstrate my plans to reach that sales threshold. *

Declarations *

- I declare that, to the best of my knowledge, the information I have provided is complete and correct. *

e. **Review application and click SUBMIT NOW button.**

STEP 4: SUBMIT ORDER AND PAY NOW

a. **Click on MY SUBMISSIONS and go to the MY ORDER dashboard:**

Approved Vaping Premises (AVP) Application

Submitted

My Submissions



The form has been submitted

Thank you for submitting your approved vaping premise application to the Vaping Regulatory Authority. Your application relating to the following retail premises will not be processed until your outstanding payment for **AVPS-460** is processed.

133 Molesworth Street, Thorndon, Wellington, 6011

To make an outstanding payment, please progress to the **My Orders** dashboard.

+ NEW SUBMISSION

b. Click the price to open the order.

VRA Orders In Progress

	ODR-766 Generated Order ID: REG766 - Business Name: Jas [REDACTED]	690.00 : 690.00 09/11/2021 15:02	690.00 690.00	SUBMIT ORDER ...
--	--	--	-------------------------	-------------------------

Rows per page: 10 1-1 of 1 < > >|

c. Review ITEM SUMMARY and click NEXT button.

d. Review ADJUSTMENTS and click NEXT button.

e. Review SUMMARY and click SAVE button.

Pick a form > Summary > Item Summary > Adjustments > Review & Submit

... OTHER OPTIONS

SUBMIT ORDER

Summary

Summary

Generated Order ID
REG19

Edit

f. Click **SUBMIT ORDER** button

PAY BY CREDIT CARD

a. **Click PAY NOW button**

Pick a form > Summary > Item Summary > Adjustments > Review & Submit

... OTHER OPTIONS **PAY NOW**

Summary

Summary


Generated Order ID
REG19


b. **Enter debit/credit card details and PAY**

Ministry of Health

\$703.80 NZD
Includes \$13.80 surcharge.

Enter card details





Pay



- c. **After payment you will receive a receipt**
- d. **Your AVP application has been submitted for assessment**
- e. **An email will be sent when the application has been assessed, or you can check progress on HARP**

PAY BY INVOICE

The screenshot shows a navigation menu at the top with the following items: 1. MY ORDERS (underlined), 2. MY LICENCES, 3. MY PRODUCTS, 4. MY NOTIFIER APPLICATIONS, 5. MY RETAILER APPLICATIONS, 6. MY AMENDMENTS, 7. MY CORRESPONDENCE, and MY WORKSPACE. Below the menu is a section titled 'Orders In Progress' containing a table with one row of order data:

Order ID	Generated Order ID: REG16 - Business Name: Take 2	57.50 : 57.50	04/08/2021 10:38	57.50	57.50	PAY NOW	...
ODR-16	Generated Order ID: REG16 - Business Name: Take 2	57.50 : 57.50	04/08/2021 10:38	57.50	57.50	PAY NOW	...

At the bottom of the table, there is a pagination control showing 'Rows per page: 10' and '1-1 of 1'. A dropdown menu is open from the '...' button, showing the order ID 'ODR-16' and the option 'Email Invoice'.

- In the My Orders screen, click ... to the right of the Order. Select EMAIL INVOICE
- Make payment to the bank account on the invoice
- Once payment has been received your AVP application will be submitted for assessment
- An email will be sent when the application has been assessed, or you can check progress on HARP

NOTE: You will need to submit a new application for each additional premise

APPROVED INTERNET SITE APPLICATION – PREPARATION

BEFORE YOU START YOU WILL NEED THE FOLLOWING

1. A submitted and approved SVR application
2. To have submitted an AVP application
3. The Internet Site details
4. The fees for an AIS are \$600 (one-off fee per website)

APPROVED INTERNET SITE APPLICATION – APPLYING ONLINE

STEP 1: CREATE NEW SUBMISSION

- a. After logging into the HARP portal, proceed to **MY SUBMISSIONS** dashboard and click on +



NEW SUBMISSION

- b. Select APPROVED INTERNET SITE (AIS) APPLICATION

VRA Applications	
Specialist Vape Retailer (SVR) Application	→
Approved Vaping Premises (AVP) Application	→
Approved Internet Site (AIS) Application	→
Product Notification	→
Product Notification Renewal	→

STEP 2: COMPLETE APPROVED INTERNET SITE (AIS) APPLICATION

a. Fill in APPLICANT DETAILS:

Pick a form > [Specialist Vape Retailer \(SVR\) Submission](#) > Review & Submit

Applicant Details

First Name *

Last Name *

Business Name *

Email Address *

Phone Number *

b. Fill in REGISTERED ADDRESS and INTERNET SITE:

Registered Address

Street *

Suburb *

City *

Post Code *

Internet Site

Website URL *

 Please enter

c. Complete DECLARATION and click NEXT

Declaration

I declare that, to the best of my knowledge, the information I have provided is complete and correct. *

NEXT →

d. Review and click SUBMIT NOW button

Pick a form > Approved Internet Site (AIS) Application > Summary

Approved Internet Site (AIS) Application

Applicant Details [Edit](#)

Business Name Confirmation

STEP 3: SUBMIT ORDER AND PAY

g. Click on MY SUBMISSIONS and go to the MY ORDER dashboard:

Approved Internet Site (AIS) Application

Submitted

My Submissions



The form has been submitted

Thank you for submitting your approved internet site application to the Vaping Regulatory Authority. Your application relating to the following internet site [www. \[redacted\] .com](#) will not be processed until your outstanding payment for **AISS-51** is processed.

To make an outstanding payment, please progress to the **My Orders** dashboard.

[+ NEW SUBMISSION](#)

h. Click the price to open the order.

VRA Orders In Progress			
	ODR-767 Generated Order ID: REG767 - Business Name: [redacted]	690.00 : 690.00 09/11/2021 15:14	690.00 690.00
			SUBMIT ORDER
Rows per page: 10 1-1 of 1			

i. Review ITEM SUMMARY and click NEXT button.

j. Review ADJUSTMENTS and click NEXT button.

k. Review SUMMARY and click SAVE button.

Pick a form > Summary > Item Summary > Adjustments > Review & Submit

OTHER OPTIONS **SUBMIT ORDER**

Summary

Summary

Generated Order ID
REG19

Edit

i. Click **SUBMIT ORDER** button

PAY BY CREDIT CARD

f. Click **PAY NOW** button

Pick a form > Summary > Item Summary > Adjustments > Review & Submit

OTHER OPTIONS **PAY NOW**

Summary

Summary


Generated Order ID
REG19

g. Enter debit/credit card details and **PAY**

Ministry of Health

\$703.80 NZD
Includes \$13.80 surcharge.

Enter card details

 Card number

MM/YY CSC ?

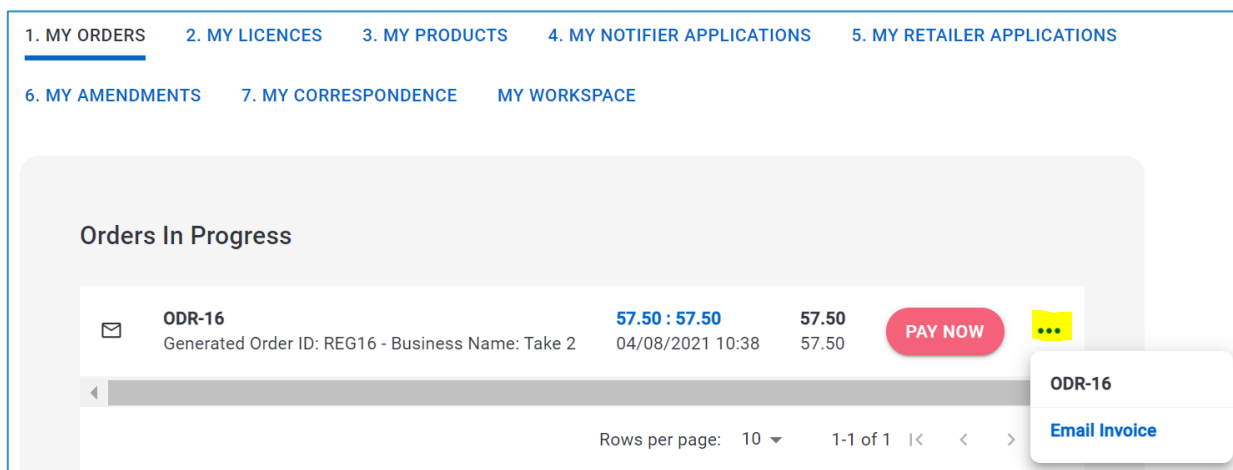
Cardholder name

Pay

- h. **After payment you will receive a receipt**
- i. **Your AIS application has been submitted for assessment**
- j. **An email will be sent when the application has been assessed, or you can check progress on HARP**

PAY BY INVOICE

- a. **In the My Orders screen, click ... to the right of the Order. Select EMAIL INVOICE**



- b. **Make payment to the bank account on the invoice**
- c. **Once payment has been received your AIS application will be submitted for assessment**
- d. **An email will be sent when the application has been assessed, or you can check progress on HARP**

NOTE: you will need to submit a new application for each additional website