

Permit #: _____

Fee: \$50.00

COMMONWEALTH OF MASSACHUSETTS

TOWN OF NORTON

BOARD OF HEALTH

APPLICATION FOR TOBACCO LICENSE

OWNER NAME: _____

OWNER PHONE #: _____ BUSINESS PHONE #: _____

COMPANY NAME: _____

BUSINESS ADDRESS: _____

MAILING ADDRESS (*if different*): _____

SOCIAL SECURITY # or F.I.D. #: _____

If partnership or a corporation, please list names and home addresses of partners or corporate offices, state of incorporation, and name and address of local agent.

Does your establishment conspicuously post a copy of Massachusetts General Laws Chapter 270 section 6 related to sale of tobacco products? YES NO

Does your establishment post signs, obtained from the Department of Public Health, stating that the sale of cigarettes (or any tobacco product) to persons under the age of 18 is illegal?

YES NO

THE UNDERSIGNED AGREES TO VEND TOBACCO PRODUCT IN ACCORDANCE WITH CHAPTER 16 OF THE RULES AND REGULATIONS OF THE NORTON BOARD OF HEALTH TO PREVENT THE ACCESS OF TOBACCO PRODUCTS BY MINORS.

Signature of Applicant

Date

***** Statement of Acknowledgement must be returned with this application.**

***** Employee Statement of Acknowledgement must be kept up to date and on file at your place of business.**

