



TOWN OF  
STONEHAM  
MASSACHUSETTS

Board of Health-Health Dept  
35 Central Street  
STONEHAM, MA 02180

Phone 781-279-2621  
Fax 781-507-2615

APPLICATION FOR TOBACCO SALES PERMIT

<b>FOR OFFICE USE ONLY: PAID-CHECK # _____ /CASH IN THE AMOUNT OF _____</b>
<b>ON _____ PERMIT NO: _____ RECEIVED BY: _____</b>

**FEE: \$150.00**  
**TERM OF PERMIT: June 1 to May 31**

Application is made for a permit to sell tobacco and tobacco products in the Town of Stoneham in accordance with the provisions of the Board of Health regulations.

Applicant Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Town/City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Town/City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

If applicant is a partnership or a corporation, list the full name and address of all Partners, Corporate Officers and State location of Corporation.

\_\_\_\_\_

\_\_\_\_\_

\* Please enclose a copy of your State Tobacco Sales Permit.

(over)

(2)

By signing and submitting this application, I certify as follows:

- (a) I have read and understand the Board of Health Regulations regarding tobacco control and shall instruct my store employees of the same. I further certify I shall fully comply with said regulations and shall be responsible for compliance by employees.
- (b) No tobacco shall be sold to any person under the 18 years of age. I shall fully inform my store employees that such sale violates both state law and Board of Health Regulation.
- (c) I realize that any person who violates a Board of Health Regulation regarding tobacco shall be subject to a fine and/or penalty and that the privilege to sell tobacco (tobacco sales permit) may be suspended or revoked for violation of said regulations.

Signature of Applicant: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

**A LATE FEE OF \$50.00 WILL BE ASSESSED FOR APPLICATIONS RECEIVED AFTER JUNE 14.**

Revised 04/30/07