Board of Health

TOWN HALL • 19 WASHINGTON ST. • SHERBORN, MASSACHUSETTS 01770
508-651-7852 • FAX 508-651-7868

APPLICATION FOR
TOBACCO AND NICOTINE DELIVERY PRODUCT SALES PERMIT

For Calendar Year _____

In accordance with the provisions of the Statutes and Regulations relating thereto, application for a Permit is hereby made by:

Applicant Name _____
PRINT full name of person, firm, or corporation making application

Address _____
PRINT Full Address

Name of Person in Charge _____

Telephone _____
Establishment Telephone # Alternate Telephone #

Signature _____ **Date** _____

****

FOR OFFICE USE ONLY

Date Received: _____ *Application Number:* _____

Fee Paid: _____

Application Approved: _____ *By:* _____
Date

****

** This permit, when issued, shall expire on December 31 of the calendar year granted. **

Board of Health

TOWN HALL • 19 WASHINGTON ST. • SHERBORN, MASSACHUSETTS 01770
508-651-7852 • FAX 508-651-7868

VI – SHERBORN BOARD OF HEALTH REGULATION RESTRICTING THE SALE AND USE OF TOBACCO AND NICOTINE DELIVERY PRODUCTS

APPLICANT ACKNOWLEDGEMENT OF REQUIREMENTS FOR TOBACCO AND NICOTINE DELIVERY PRODUCT SALES PERMIT

(Section 6.0)

1. The below listed applicant hereby acknowledges receipt of a copy of the Sherborn Board of Health Regulation VI restricting the sale and use of tobacco and nicotine delivery products. (Section 6.2)

Initial _____

2. The below listed applicant hereby declares that he/she has read the said regulation and acknowledges that the applicant is responsible for instructing any and all employees who will be responsible for tobacco and/or nicotine delivery product sales regarding federal, state, and local laws regarding the sale of tobacco and/or nicotine delivery products and this regulation. (Sections 6.2 and 6.7)

Initial _____

3. The below listed applicant hereby declares that he/she holds a current Tobacco Retailer License issued by the Massachusetts Department of Revenue. (Section 6.3)

Initial _____

4. The below listed applicant acknowledges that the issuance of a permit is conditioned on the applicant's consent to unannounced, periodic inspections of his/her retail establishment to ensure compliance with this regulation. (Section 6.9)

Initial _____

Applicant Name _____
PRINT full name of person, firm, or corporation making application

Address _____
PRINT Street Address Town State Zip Code

Telephone _____
Establishment Telephone # 24-Hour Emergency Telephone #

Signature _____

Date _____