SHARON A. CAMERON
DIRECTOR

CITY OF PEABODY
DEPARTMENT OF HUMAN SERVICES

24 LOWELL STREET
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Board of Health
JOHN J. BARRY III, CHAIRMAN
STEPHEN S. KALIVAS, R.Ph.
EUGENE F. SMITH, M.D.

APPLICATION FOR A TOBACCO SALES PERMIT

DATE_____

Name of Establishment_____

Business Address_____**Phone**_____

Mailing Address (if different)_____

Name & Title of Applicant_____

Address of Applicant_____

Name of Owner (if different from applicant)_____

If Corporation or Partnership, give name, title & home address of officers or partners

NAME	TITLE	HOME ADDRESS

TYPE OF SALES **COUNTER ( )** **VENDING MACHINE ( )**

State of Incorporation_____

Emergency Response Person: Name_____**Home Phone**_____

The Tobacco Sales Permit fee is $25.00. The annual permit expires on May 31, 2007

The applicant agrees to read and abide by the Peabody Board of Health Regulation and Massachusetts General Laws, Chapter 270, Section 6 & 7. All sales staff must be familiarized with the Regulations.

I hereby state that I have read and understood the requirements of the Regulations Affecting Smoking in Certain Places and Youth Access to Tobacco.

_____

Signature of Applicant

Pursuant to MGL Chapter 62C, Section 49A, I certify under the pains and penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under the law.

_____ _____ _____

Signature of Individual or Corporate Name *Date* *Social Security or Federal Identification No.*