



**CITY OF PEABODY
DEPARTMENT OF HUMAN SERVICES**

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Peabody, Massachusetts 01960
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BOARD OF HEALTH
BERNARD H. HOROWITZ, CHAIRMAN
STEPHEN S. KALIVAS, R.Ph.
LEIGH ANN MANSBERGER, MD, MPH

SHARON CAMERON
DIRECTOR

APPLICATION FOR TOBACCO AND/OR NICOTINE DELIVERY PRODUCT 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 () OTHER () _____

TYPE OF PRODUCTS TOBACCO ONLY () NICOTINE DELIVERY PRODUCTS ONLY () BOTH ()

State of Incorporation _____

Emergency Response Person: Name _____ Home Phone _____

The Tobacco and/or Nicotine Delivery Product Sales Permit fee is \$100.00. The annual permit expires on May 31st.

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 Regulation of the Peabody Board of Health Restricting the Sale of Tobacco Products and/or Nicotine Delivery Products

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.