



**TOWN OF MILLBURY**  
**APPLICATION TO SELL TOBACCO AND NICOTINE DELIVERY PRODUCTS**

Fee: \$150.00 (Late Fee \$100.00)

Expires: September 30<sup>th</sup> OF EACH YEAR

**BUSINESS NAME:** \_\_\_\_\_

**BUSINESS ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**MAILING ADDRESS (if Different)** \_\_\_\_\_

**OWNERS**

**NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

If corporation or partnership, give name, title & address of officers or partners:

**NAME & TITLE:**

**ADDRESS:**

Pursuant to Millbury Board of Health regulations entitled "Restricting the Sale of Tobacco Products and Nicotine Delivery Products and Use Restrictions" effective 1-10-2018, I certify I have received and read said regulations and I am responsible for instructing any and all employees who will be responsible for tobacco and nicotine delivery product sales regarding federal, state and local laws regarding the sale of tobacco and this regulation.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**THE FOLLOWING SECTION MUST BE FILLED OUT COMPLETELY. PERMIT CANNOT BE ISSUED WITHOUT THIS INFORMATION.**

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

**Social Security # or Federal I.D. #:** \_\_\_\_\_

**Signature of Individual or Corporate Name:** \_\_\_\_\_

**MUST ATTACH A COPY OF YOUR DOR (Department of Revenue) LICENSE**

Check Payable to: **Town of Millbury**

Mail to: **Board of Health, 127 Elm St. Millbury, Ma. 01527**

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