



TOWN OF MILLBURY
APPLICATION TO SELL TOBACCO AND NICOTINE DELIVERY PRODUCTS

Fee: ** \$200.00 (Late Fee \$100.00)

Expires: September 30th OF EACH YEAR

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

PHONE: _____

EMAIL ADDRESS (REQUIRED) _____

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 ALL APPLICABLE DOR (Department of Revenue) LICENSE(S)

Check Payable to: **Town of Millbury**

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