TOWN OF NORTHBRIDGE
BOARD OF HEALTH
Aldrich School Town Hall Annex - 14 Hill Street
Whitinsville, MA 01588
Phone (508) 234-3272 Fax (508) 234-0821

APPLICATION FOR TOBACCO & NICOTINE DELIVERY PRODUCT SALES PERMIT

Fee: $ 100.00 Date: _____
(Check made payable to the Town of Northbridge)

NAME OF ESTABLISHMENT: _____

Establishment Location: _____ Phone#: _____

Mailing Address: _____

Name of Establishment **Owner**: _____

Owner Address: _____

Application for tobacco sales permit MUST include a copy of the license issued to you by the Massachusetts Department of Revenue for the retail sale of tobacco products.

PLEASE READ THE FOLLOWING DECLARATIONS CAREFULLY BEFORE SIGNING

☐ **I hereby declare that I have received, read, and agree to abide by the regulations of the Northbridge Board of Health, *as most recently amended,* regarding the sale of tobacco & nicotine delivery products - §201-7. I further understand that I am responsible for instructing any and all employees who will be responsible for tobacco sales regarding both state laws and these regulations.**

☐ **I hereby declare that I have received, read, and agree to abide by the regulations of the Northbridge Board of Health regarding the Ban on Sale of Drug Paraphernalia and Synthetic Cannabinoids - §201-9.**

☐ **I consent to unannounced, periodic inspections of this establishment to ensure compliance with the regulations of the Northbridge Board of Health.**

☐ **I have enclosed a copy of the Department of Revenue Retailer's License for Sale of Cigarettes.**

_____ _____
Signature of Owner Date

_____
Please print name

Permits are renewable annually by July 1.

MASSACHUSETTS DEPARTMENT OF REVENUE

REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION

_____

*Signature of Individual *or* Corporate Name (Mandatory)

_____

By: Corporate Officer (Mandatory, If Applicable)

_____

**Social Security Number (Voluntary) or Federal Identification Number

* This license will not be issued unless this certification clause is signed by the applicant.

** Your Social Security number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Massachusetts General Law C. 62C s. 49A.