



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: \$ 200.00**

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 understand that the Minimum Legal Sales Age in the Town of Northbridge for Tobacco and Nicotine Delivery Products is TWENTY-ONE (21) years of age and that sales to persons under the age of 21 shall result in non-criminal penalties and possible suspension of my sales permit.**
- ✓ **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**

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

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By: Corporate Officer (Mandatory, If Applicable)

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\*\*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.