

PERMIT NUMBER _____
DATE ISSUED _____

ACUSHNET BOARD OF HEALTH
PARTING WAYS BUILDING
130 MAIN STREET
ACUSHNET, MA. 02743
508 998-0275 508 998-0277

APPLICATION FOR TOBACCO VENDOR PERMIT

Date: _____ Permit Fee: \$2.00

Name of Establishment: _____ Telephone _____

Business Address: _____

Mailing Address if different: _____

Name and Title of Applicant: _____

Address of Applicant: _____

Name of Owner (if different from applicant) _____

If Corporation or Partnership, give name, title, and home address of officers:

State of Incorporation: _____

As the owner, manager and/or operator who holds a State License to sell tobacco products, I am applying for an Acushnet Board of Health Tobacco Permit with the understanding that it is illegal to sell tobacco in any form to individuals under 18 years of age. I am aware that there are no exceptions. I will obtain photographic proof of age from all customers who look to be 25 years of age or younger before selling any tobacco products. I will train my sales staff to conduct tobacco sales legally. Tobacco products will be located so as to be in compliance with Acushnet Tobacco Regulations.

I understand that the Acushnet Board of Health and its agents will conduct unannounced compliance checks. I am aware that violations of any section of the Tobacco Regulation may result in issuance of fines and/or the revocation of this permit. I understand that this permit must be renewed annually.

Name of Person responsible for Permit (Print name)

Signature of Person Responsible for Permit