



CITY OF GLOUCESTER

Health Department
3 Pond Road, City Hall Annex
Gloucester, Massachusetts 01930
PHONE: 978-325-5260
healthdepartment@gloucester-ma.gov



Public Health
Prevent. Promote. Protect.

Application for Permit for the Sale of Tobacco Products-Renewable annually on July 1st

FEE: \$150.00 Please make check payable to **City of Gloucester**

**** ANY PAYMENTS RECEIVED AFTER JULY 1ST WILL BE SUBJECT TO A \$50 LATE FEE. ****

In accordance with the provisions of the Gloucester Board of Health Regulation Restricting the Sale of Tobacco Products & Nicotine Delivery Products, revised on March 3, 2016, the undersigned hereby applies for a license for the retail sale of tobacco and nicotine delivery products.

1. Full Name of Business: _____

2. Business Street Address: _____

3. Business Mailing Address: _____

4. Telephone Number: _____ 5. Email Address: _____

6. If applicant is an individual-full name: _____

Residence: _____

7. If applicant is a partnership-full name and residence of all partners: _____

8. If application is a corporation-State of incorporation: _____

Date of incorporation: _____ Principal Officer: _____

9. Type of Establishment: _____

10. Department of Revenue Permit #: _____

Proof of current TOBACCO SALES LICENSE issued by the Massachusetts Department of Revenue MUST be attached before a tobacco sales permit can be issued.

11. I have read the Gloucester Board of Health Regulation Restricting the Sale of Tobacco Products & Nicotine Delivery Products revised March 3, 2016, and declare that I am responsible for instructing any and all employees who will be responsible for tobacco and nicotine delivery product sales regarding both state laws regarding the sale of tobacco and nicotine delivery products and the above mentioned regulations.

SIGNATURE

DATE

PRINT NAME