

## HAMILTON BOARD OF HEALTH

577 Bay Road, P.O. Box 429 Hamilton, MA 01936 Tel.:978-468-5579 Fax: 978-468-5582

## APPLICATION FOR RETAIL SALE PERMIT TO SELL TOBACCO PRODUCTS

Fee: \$200.00 payable to Town of Hamilton

1.	THIS APPLICATION IS FOR: □ NEW PERMIT □ RENEWAL				
2.	NAME OF RETAIL ESTABLISHMENT (as it appears on your Town of Rockport Business License):				
3.	ALTERNATE NAME OF ESTABLISHMENT (DBA) (other name under which the business operates):				
4.	LOCATION OF ESTABLISHMENT:		MAILING ADDRESS (if different from LOCATION):		
Address Line 1			Address Line 1		
Address Line 2			Address Line 2		
City	State Zip	Code	City	State	Zip Code
5.	HOURS OF OPERATION:	to	DAYS OF OPERATION	ON:	thru
6. 7.	TYPE OF BUSINESS OWNERSHIP: ☐ Chain-Owned ☐ Independently Owned  BUSINESS CATEGORY: ☐ Grocery Store ☐ Convenience Store ☐ Other (describe):				
8.	TYPE OF RETAIL TOBACCO SALES PERMIT:  ☐ Cigarette ☐ Cigar & Other Related Tobacco ☐ Electronic Cigarette  For each type of Tobacco Sales Permit, please attach current MA Department of Revenue License(s)				
9.	NAME OF ESTABLISHMENT MANAGER/OWNER:				
10.	PHONE:				
	EMAIL ADDRESS:				
	suant to M.G.L. Chapter 62 C. Section 49A, state tax returns and paid all state taxes req	0.0		o my best knowle	dge and belief, I have filed
pro	clare that I have read the Rockport Board of ducts and I accept responsibility for instruct ulations. The regulations are available at v	ing any and a	all employees who will be respo	•	
Ow	ner's Social Security # or Federal ID #	Signature of A	Applicant or Corporate Officer	Date	