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 SALES PERMIT
TOBACCO and NICOTINE DELIVERY PRODUCTS

Fee: $25.00, 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 Hamilton Business License):

_____

3. ALTERNATE NAME OF ESTABLISHMENT (DBA) (other name under which the business operates):

_____

4. LOCATION OF ESTABLISHMENT:

_____
Address Line 1

_____
Address Line 2

_____
City, State, Zip Code

MAILING ADDRESS (if different from location):

_____
Address Line 1

_____
Address Line 2

_____
City, State, Zip Code

5. HOURS OF OPERATION: _____ to _____ DAYS OF OPERATION: _____ thru _____

6. TYPE OF BUSINESS OWNERSHIP: ☐ Chain Owned ☐ Independently Owned

7. BUSINESS CATEGORY: ☐ Grocery Store ☐ Convenience Store ☐ Pharmacy
☐ Other (describe) _____

8. NAME OF ESTABLISHMENT OWNER: _____

9. HOME PHONE: _____ BUSINESS PHONE: _____

10. EMAIL ADDRESS: _____

11. NAME OF MANAGER (if different from Owner):_____

12. MA Department Of Revenue CIGARETTE RETAILER'S LICENSE NUMBER (5-digits) _____

(A copy of this license, or other proof of payment, MUST BE ATTACHED to this Application)

Pursuant to M.G.L. Chapter 62 C. Section 49A, I certify under the penalties of perjury that, to my best knowledge and belief, I have filed all state tax returns and paid all state taxes required under the law.

I declare that I have read the Hamilton Board of Health Regulations restricting the sale of tobacco products and nicotine delivery products and prohibiting smoking in workplaces and public places (adopted June 25, 2014) and I accept responsibility for instructing any and all employees who will be responsible for tobacco sales regarding these regulations.

_____ _____
Owner's Social Security # or Federal ID # Signature of Applicant or Corporate Officer Date_____