**PERMIT NUMBER:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE ISSUED:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*COMMONWEALTH OF MASSACHUSETTS*

**TOWN of ACUSHNET**

**PARTING WAYS BUILDING**

**130 MAIN STREET, ACUSHNET, MA 02743**

**OFFICE OF THE**

**BOARD OF HEALTH**

****

**Telephone: (508) 998-0200**

**Fax: (508) 998-0277**

[**http://www.acushnet.ma.us**](http://www.acushnet.ma.us)

**APPLICATION FOR TOBACCO VENDOR PERMIT**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Permit Fee: **$75.00**

Name of Establishment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address if different:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Title of Applicant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of Applicant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Owner (if different from applicant):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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State of Incorporation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

As the owner, manager and/or operator who hold 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 21 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 the Acushnet Tobacco Control Regulations.

I understand that Acushnet Board of Health and/or its agents will conduct unannounced compliance checks. I am aware that violations of any section of the Tobacco Control 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)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature of Person Responsible for Permit