



TOWN OF MARBLEHEAD

Board of Health

Helaine R. Hazlett, Chair
Tom McMahon
Tom Massaro

(781) 631-0212

7 Widger Road

Marblehead, MA 01945

Andrew Petty, Director

2024 APPLICATION FOR A TOBACCO SALES PERMIT

DATE: _____

NAME OF ESTABLISHMENT _____

BUSINESS ADDRESS _____

MAILING ADDRESS (if different) _____

NAME & TITLE OF APPLICANT _____

NAME OF OWNER (if different from applicant) _____

If Corporation or Partnership, give name, title & home address of officers or partners.

NAME

TITLE

HOME ADDRESS

State of _____ Name & Address
Incorporation _____ of Local Agent _____

Emergency Response Person: Name _____ Home Phone: _____

- The Tobacco Sales Permit Fee is \$75.00. The annual permit expires on April 15th of each year. **You must provide a copy from the Mass Department of Revenue for Tobacco Sales.**
- Pursuant to Town by-law, all applicants will be checked for compliance of paid property taxes, excise taxes, or other municipal charges.
- Pursuant to M.S.G. Ch. 62C, Sec. 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.
- The applicant agrees to read and abide by the Marblehead Board of Health Regulation and Mass. General Laws, Chapter 270, Section 6 & 7. All sales staff must be familiarized with the Regulation.
- I hereby state that I have read and understand the requirements of the Regulations Affecting Smoking in Certain Places and Youth Access to Tobacco.

SIGNATURE OF APPLICANT

DATE