



**TOWN OF PROVINCETOWN
BOARD OF HEALTH**

APPLICATION FOR A PERMIT TO SELL TOBACCO AND TOBACCO PRODUCTS

Fee: **\$200**

Renewal

New

In accordance with MGL c.111, Section 31, and Part IX, Article 1, Section 8, of the Provincetown Board of Health Tobacco Regulations, the undersigned makes application to the Board of Health or approving authority for permission to sell tobacco and tobacco products.

Establishment Name

Date of Application

Establishment Mailing Address

Contact Email Address (REQUIRED)

MA Department of Revenue Retailer License Number (REQUIRED)

Applicant Name

Title

Applicant Mailing Address (if different)

Certification:

I certify that the information I have provided is true and accurate. I fully understand that granting of the annual Tobacco Sales Permit is contingent upon my adherence to all applicable State laws and local regulations governing the sale and distribution of tobacco products. Failure to comply may result in the suspension or revocation of my annual permit to operate and any other legal action deemed appropriate by the Town of Provincetown.

APPLICANT SIGNATURE

DATE

**BOTH SIDES OF THIS APPLICATION MUST BE COMPLETED BEFORE A PERMIT
WILL BE ISSUED.**

(OVER)

FOR OFFICE USE ONLY:

DATE APPLICATION RECEIVED

