



City of Beverly

BOARD OF HEALTH
90 COLON STREET
BEVERLY, MASSACHUSETTS 01915



Public Health
Prevent. Promote. Protect.

Telephone (978) 921-8591
Fax (978) 922-5695

William T. Burke III, R.S., C.H.O.
Director of Public Health

APPLICATION FOR A TOBACCO SALES PERMIT

Date: _____

Fee: \$75.00

MASS. DEPT. OF REVENUE, License # _____

NAME OF ESTABLISHMENT: _____

BUSINESS ADDRESS: _____

MAILING ADDRESS (if different): _____

NAME & TITLE OF APPLICANT: _____

NAME OF OWNER (if different from applicant): _____

HOME TELEPHONE: _____ BUSINESS PHONE: _____

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

NAME

TITLE

HOME ADDRESS

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

The Tobacco Sales Permit fee is \$75.00. The annual permit expires December 31, of each year.

The applicant agrees to read and abide by the Beverly Board of Health Regulation Ch. 9A, and Massachusetts General Laws, Ch. 270, Section 6 & 7. All sales staff must be familiarized with the Regulation.

I hereby state that I have read and understood the requirements of the Regulations Affecting Youth Access to Tobacco.

Signature of Applicant