

Methuen Health Department
90 Hampshire Street
Methuen, MA 01844
Telephone: 978-983-8655 Fax: 978-983-8988

Fee: \$125.00	Expires: 10/01/07
Late Fee: \$10.00/day	Permit: #
Paid Date:	

APPLICATION FOR A RETAIL TOBACCO SALES PERMIT

The following information must be provided:

OWNER/OPERATOR OF ESTABLISHMENT

Full Name:		Telephone: ()
Sole Proprietor:	Partnership:	Trust: Corporation:
Mailing Address: Street name and number	City:	State and Zip Code

ESTABLISHMENT NAME AND LOCATION

Manager's Name: (if not individually owned)		Telephone: ()
Establishment Name:		Telephone: ()
Location Address:		
Mailing Address: Street name and number	City:	State and Zip Code

I understand that I must comply with Board of Health regulations governing tobacco sales and that the issuance of this permit in no way releases the applicant from the obligation to obtain any other permits or licenses required by any local, state, federal or other regulatory agency.

Pursuant to M.G.L. Ch. 62C sec. 49A, I certify under 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.

Social Security No. or Tax Identification Number:	
Date Signed:	Signature of Individual:

Payment shall accompany this application and please make a check or money order payable to "The City of Methuen."