



**WRENTHAM
BOARD OF HEALTH
79 South Street, Wrentham, MA. 02093
TOBACCO AND NICOTINE DELIVERY PRODUCTS
PERMIT APPLICATION**

Date of Application: _____ Fee: _____ Permit Number: _____
to be completed by office

Establishment Name:	
Establishment Address:	
Establishment Mailing Address:	
Establishment Telephone Number:	Fax Number:
*Applicant Name:	Title:
Applicant Telephone Number:	
Applicant Email Address:	
* All communication regarding this permit will be conducted with the Applicant	
Owner Name:	
Owner Address:	
Owner Telephone Number:	Fax Number:
Owner Email Address:	
Corporation Name: (if applicable)	
Corporate Office Address:	
Corporate Telephone Number:	Fax Number:
Do you have a current Massachusetts Department of Revenue License to Sell Tobacco? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please include the Department of Revenue License Number: _____	If corporation or partnership, give name, title and address of officers or partners. Please list this information on a separate sheet of paper and attach it to this application. Sheet Attached? Yes <input type="checkbox"/> No <input type="checkbox"/>
Person Directly Responsible for Daily Operations:	
Name:	Title:
Address:	
Telephone Number:	Emergency Number:
Email Address:	

TYPE OF ESTABLISHMENT	
<input type="checkbox"/> Bar/Lounge <input type="checkbox"/> Restaurant <input type="checkbox"/> Restaurant with bar/lounge area <input type="checkbox"/> Convenience Store <input type="checkbox"/> Gas Station Only <input type="checkbox"/> Convenience Store and Gas Station <input type="checkbox"/> Liquor Store	<input type="checkbox"/> Pharmacy/Drug Store <input type="checkbox"/> Private Club <input type="checkbox"/> Private Club with Restaurant open to the public <input type="checkbox"/> Grocery Store <input type="checkbox"/> Department Store <input type="checkbox"/> Other: _____
Days and Hours of Operation:	
Establishment Location: Permanent Structure: <input type="checkbox"/> Mobile: <input type="checkbox"/>	
Tobacco will be Marketed: Over the Counter: <input type="checkbox"/> Vending Machine: <input type="checkbox"/>	
Retailer is: Part of a Chain: <input type="checkbox"/> Independent: <input type="checkbox"/>	

All permits are issued for a twelve month period

Retailers selling tobacco and nicotine delivery products must have a current Tobacco License in order to receive their annual Food License

Please mail your completed application to: The Wrentham Board of Health, 79 South Street, Wrentham, MA. 02093

PLEASE READ THE FOLLOWING AND SIGN YOUR NAME IN ACKNOWLEDGMENT OF THE CONDITIONS LISTED BELOW.

I understand that it is illegal to sell tobacco, in any form, as well as nicotine delivery products to individuals under eighteen (18) years of age, and that there are no exceptions.

Photographic proof of age will be obtained from all customers who are not obviously over eighteen (18) years of age before selling any tobacco product, including nicotine delivery products, i.e.; ecigarettes

The staff of this establishment will be trained to conduct tobacco sales legally

This establishment will not sell single cigarettes

I understand that the Board of Health will conduct several unannounced tobacco compliance checks each year to determine that the staff are checking for proof of age and not selling tobacco products to individuals under the age of eighteen (18)

I understand that checks will also be made to determine if tobacco products and nicotine delivery products are properly located per the Board of Health regulations

I understand that the illegal sale of tobacco and nicotine delivery products or continuous non-compliance with the Board of Health regulations may result in fines and/or the revocation of this permit

Name of Applicant

Signature of Applicant

Date: _____