



SHARON A. CAMERON  
DIRECTOR

**CITY OF PEABODY  
DEPARTMENT OF HUMAN SERVICES**

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**Board of Health**  
BERNARD H. HOROWITZ,  
CHAIRMAN  
STEPHEN S. KALIVAS, R.Ph.  
LEIGH ANN MANSBERGER, M.D.

**APPLICATION FOR A TOBACCO SALES PERMIT**

DATE \_\_\_\_\_

Name of Establishment \_\_\_\_\_

Business Address \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Name & Title of Applicant \_\_\_\_\_

Address 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
_____	_____	_____
_____	_____	_____

TYPE OF SALES                      COUNTER ( )                      VENDING MACHINE ( )

State of Incorporation \_\_\_\_\_

Emergency Response Person: Name \_\_\_\_\_ Home Phone \_\_\_\_\_

The Tobacco Sales Permit fee is \$100.00. The annual permit expires on May 31, 2013

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

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

Signature of Applicant \_\_\_\_\_

*Pursuant to MGL Chapter 62C, Section 49A, I certify under the pains and penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under the law.*

\_\_\_\_\_  
Signature of Individual or Corporate Name                      Date                      Social Security or Federal Identification No.