



**CITY OF PEABODY  
DEPARTMENT OF HUMAN SERVICES  
24 Lowell Street  
Peabody, Massachusetts 01960  
(978) 538-5926  
Fax: (978) 538-5990**

**BOARD OF HEALTH  
BERNARD H. HOROWITZ, CHAIRMAN  
THOMAS J. DURKIN III  
LEIGH ANN MANSBERGER, MD, MPH  
  
SHARON CAMERON  
DIRECTOR**

**APPLICATION FOR TOBACCO AND/OR NICOTINE DELIVERY PRODUCT 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 ( )    OTHER ( ) \_\_\_\_\_

TYPE OF PRODUCTS    TOBACCO ONLY ( )    NICOTINE DELIVERY PRODUCTS ONLY ( )    BOTH ( )

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

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

The Tobacco and/or Nicotine Delivery Product Sales Permit fee is \$100.00. The annual permit expires on May 31<sup>st</sup>.

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 Regulation of the Peabody Board of Health Restricting the Sale of Tobacco Products and/or Nicotine Delivery Products

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.