





**CITY OF PEABODY  
DEPARTMENT OF HUMAN SERVICES**

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Peabody, Massachusetts 01960  
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BOARD OF HEALTH  
BERNARD H. HOROWITZ, CHAIRMAN  
THOMAS J. DURKIN III  
LEIGH ANN MANSBERGER, MD, MPH

SHARON CAMERON  
DIRECTOR

The applicant agrees to read and abide by the Regulation of the Peabody Board of Health Restricting the Sale of Tobacco Products and Massachusetts General Laws, Chapter 270, Section 6 & 7. The applicant agrees to instruct all sales staff on the Regulations and federal, state and local laws regarding sales of tobacco products.

I hereby state that I have read and understand the requirements of the Regulation of the Peabody Board of Health Restricting the Sale of Tobacco Products.

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**Signature of Owner**

Each applicant who sells tobacco products is required to provide proof of a current Tobacco Retailer License issued by the Massachusetts Department of Revenue, when required by state law, before a Tobacco Product Sales Permit can be issued. Please provide documentation with this application.

*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.*

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*Signature of Individual or Corporate Name*

*Date*

*Social Security or Federal ID #*

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**For office use only:**

Date completed application received: \_\_\_\_\_

Date permit fee received: \_\_\_\_\_

Adult only status granted? \_\_\_\_\_ Yes \_\_\_\_\_ No

Waiting list date: \_\_\_\_\_

Waiting list number: \_\_\_\_\_