



**TOWN OF TRURO
BOARD OF HEALTH
APPLICATION FOR PERMIT TO SELL TOBACCO AND TOBACCO PRODUCTS**

Fees due upon approval: **\$50.00 total**

Renewal New

In accordance with MGL c.111, Section 31, and Section XI, of the Truro Board of Health Tobacco Control Regulations, the undersigned makes application to the Board of Health or approving authority for permission to sell tobacco and tobacco products.

Applicant Information:

Establishment Name _____ Date _____

Establishment Address _____ Phone _____

Establishment Mailing Address (if different) _____

MA Department of Revenue Retailer's License Number: _____ (Required)

Applicant's Name _____ Title _____

Applicant's Address _____

Certification

I certify that the information I have provided is true and accurate. I fully understand that granting of the annual Tobacco Sales Permit is contingent upon my adherence to all applicable State laws and local regulations governing the sale and distribution of tobacco products. Failure to comply may result in the suspension or revocation of my annual permit to operate and any other legal action deemed appropriate by the Town of Truro.

Signature of Applicant

Date

BOTH SIDES OF THIS APPLICATION MUST BE COMPLETED BEFORE A PERMIT WILL BE ISSUED.

