

City of Medford



BOARD OF HEALTH

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KAREN L. ROSE, RN,c.BA,MS
Director

APPLICATION FOR TOBACCO SALES / LOCATION PERMIT

Mailing Address for Permit:

OWNERS NAME: _____ PHONE #: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

Location for Tobacco Product (If Different From Above)

NAME: _____ PHONE #: _____

ADDRESS: _____

FEDERAL I.D #: _____ OR

SOCIAL SECURITY #: _____

THE FOLLOWING MUST BE COMPLETED:

Massachusetts Cigarette Retailers License #: _____

PROVIDE A PHOTCOPY OF DEPARTMENT OF REVENUE CERTIFICATE

How are Tobacco Products being sold _____ over the counter _____ machine

If a machine, does it have a lockout _____ Yes _____ No

PLEASE READ BEFORE SIGNING:

1. There is a fee of \$150.00 for this application
2. Permit will expire on December 31st of this year
3. Lost permits will have a \$25.00 replacement fee
4. The undersigned has read and agrees to section 5 of Medford's Tobacco Ordinance regarding sales of tobacco to minors and understands that this permit may be suspended for violation of that section

5. Authorized Signature: _____