

COMMONWEALTH OF MASSACHUSETTS
TOWN OF PLYMOUTH - BOARD OF HEALTH
508-747-1620

Tobacco License January 1st through December 31st Annually

APPLICATION FOR TOBACCO LOCATION AND SALES PERMIT

FEE: \$100.00

PLEASE MAKE CHECKS PAYABLE TO: Town of Plymouth

RETURN TO: PLYMOUTH BOARD OF HEALTH, 11 Lincoln St., Plymouth, MA 02360

Legal Business Name (Corp., LLC, Etc) _____

DBA (if Different) _____

Business Address _____

Parcel ID# (Please obtain this from the Assessor's Office) _____

Mailing Address _____

Business Phone _____ Corporate Phone _____

Owner/President Name _____

Manager/Agent/Operator Name _____

PLEASE PROVIDE A COPY OF YOUR STATE TOBACCO LICENSE.

As the owner, manager, and/or operator that holds a State License to sell tobacco products, I am applying for a Plymouth Health Department Tobacco Location and Sales Permit with the understanding that it is illegal to sell tobacco products in any form to individuals less than eighteen (18) years of age. I am aware that there are no exceptions. I further acknowledge that I have read and understand the enclosed Tobacco Sales Permit Affidavit and have discussed and reviewed it with my employees. I will train my staff to conduct tobacco sales legally.

I understand that the Plymouth Health Department or its designated agent(s) will conduct unannounced compliance checks to determine if I am checking for proof of age and not selling tobacco products to those persons under the age of eighteen (18). I am fully aware that illegal sales of tobacco products may result in the revocation of my permit for location and sale of tobacco products in the Town of Plymouth. I also understand and that this permit must be renewed annually.

NAME PLEASE PRINT

SIGNATURE

FOR OFFICE USE ONLY:

MUNIS NUMBER: _____ ACCESS: _____ LICESNE MAILED: _____

PROOF OF INSURANCE RECEIVED: _____ STATE TOBACCO LICENSE COPY: _____