



Commonwealth of Massachusetts
TOWN OF PLYMOUTH
PUBLIC HEALTH DEPARTMENT
 508-747-1620 X10118
 Fax: 508-830-4062
 26 Court Street
 Plymouth, Massachusetts 02360

FEE: \$200.00

Hookah/Tobacco Related Product License valid January 1st through December 31st Annually

PLEASE MAKE CHECKS PAYABLE TO: Town of Plymouth
RETURN TO: PLYMOUTH PUBLIC HEALTH DEPARTMENT, 26 Court 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) _____

Email _____

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 Public 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 Public Health Department 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: _____