

**APPLICATION FOR TOBACCO SALES PERMIT**

Tobacco License valid January 1st through December 31st Annually

FEE: $150.00

PLEASE MAKE CHECKS PAYABLE TO: Town of Wareham

RETURN TO: WAREHAM BOARD OF HEALTH, 54 Marion Rd., Wareham, MA 02571

Legal Business Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DBA (if Different) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business 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 Wareham Health Department Tobacco Sales Permit with the understanding that it is illegal to sell tobacco products in any form to individuals less than twenty one (21) years of age. I am aware that there are no exceptions. I further acknowledge that I have read and understand the Tobacco Sales Regulation and have discussed and reviewed it with my employees. I will train my staff to conduct tobacco sales legally. I understand that the Wareham 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 twenty one (21). I am fully aware that illegal sales of tobacco products may result in the revocation of my permit for the sale of tobacco products in the Town of Wareham. I also understand that this permit must be renewed annually.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FOR OFFICE USE ONLY:

LICENSE MAILED: Y N

PROOF OF INSURANCE RECEIVED: Y N

STATE TOBACCO LICENSE COPY: Y N