

City of Medford



MaryAnn O'Connor
Director

BOARD OF HEALTH

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APPLICATION FOR TOBACCO SALES / LOCATION PERMIT

Mailing Address for Permit:

OWNER'S NAME: _____ PHONE #: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

Email Address: _____

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

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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. No Permits issued for establishments within 500 feet of a school.**
- 4. Flavored products only allowed in smoking bars for on premises consumption.**
- 5. Minimum cigar pricing of \$5.00 for package of 2 or more**
- 6. No single cigar sales unless \$2.50 or more**
- 7. Lost permits will have a \$25.00 replacement fee**
- 8. 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.**
- 9. All appropriate signage will be adhered to.**

Authorized Signature: _____ **Date:** _____