

City of Medford



MaryAnn O'Connor
Director

BOARD OF HEALTH

City Hall - Room 311
85 George P Hassett Drive
Medford, Massachusetts 02155

Telephone
(781) 393-2560
FAX: (781) 393-2562
TDD: (781) 393-2516

APPLICATION FOR TOBACCO SALES / LOCATION PERMIT

FEE \$250.00

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 PHOTOCOPY 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 \$250.00 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:** _____