

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 PHOTCOPY OF DEPARTMENT OF REVENUE CERTIFICATE

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. The applicant acknowledges tobacco retailers must comply with all federal, state, and local laws and regulations.
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 and Medford's Board of Health Regulation number 18 regarding restrictions on the sales of tobacco and nicotine products and sales 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: _____