



**TOWN OF MERRIMAC
BOARD OF HEALTH**
2 School Street
Merrimac, MA 01860
Tel. 978-346-4066

Annual Fee: \$50.00
Payable to Town of Merrimac

APPLICATION FOR MERRIMAC TOBACCO SALES LICENSE

Application is made for a license to sell tobacco and tobacco products in the Town of Merrimac in accordance with the provisions of the Board of Health Regulations Affecting Sale of Tobacco Products to Minors effective April 1, 2000.

Name of Business: _____

Business Address: _____

Applicant Name: _____ Tel. No. _____

Mailing Address: _____

E-Mail: _____

If applicant is a partnership, full name and address of all partners:

If applicant is a corporation: _____ State of Corp. _____

President _____

Treasurer _____ Clerk _____

Types of tobacco products sold:
Please circle all that are sold.

Cigarettes Pipe Tobacco Cigars Snuff Chewing Tobacco Other

LOCATION OF ALL TOBACCO PRODUCTS MUST BE BEHIND THE SALES COUNTER.

Signs posted, State Law, MGL 270, §6, NO SALE OF TOBACCO PRODUCTS TO UNDER AGE 18

Behind main register? **Yes** ___ **No** ___ On every register? **Yes** ___ **No** ___

I agree to follow all rules and regulations specified in the Merrimac Board of Health Tobacco Regulations.

Signed: _____ **Date** _____

Print Name _____

SSN or FIN No. _____

Permit expires December 31.