Billerica Board of Health

Town Hall
365 Boston Road
Billerica, MA 01821
Phone: 978-671-0931 Fax 978-671-0919
Web Site www.town.billerica.ma.us

APPLICATION FOR RETAIL TOBACCO PRODUCTS SALES PERMIT

Pursuant to Board of Health Regulations Chapter 4, Section 4.6.009

NEW ____ RENEWAL ____ **Fee $125.00**

Please Print Date _____

Name of Establishment _____

Business Address _____ Telephone # _____

Mailing Address (if different) _____

E-Mail Address_____

Name & Title of Applicant _____ Telephone # _____

Address of Applicant _____

If corporation or partnership, give name, title, & home address of officers or partners.

Name **Title** **Home Address**

_____

_____

State of Incorporation _____ Name & Address of Local Agent _____

Emergency Response Person:
Name _____ Home Phone _____

Additional Information: Days & Hours of Operation _____

Type of Tobacco to be Sold: __ Cigarettes __ Dip/Chew ___ Pipe Tobacco __ Cigars ___ Vape Devices
(Please check all that apply) ___ Vape Juices ___Other (specify) _____

Required: Attach a copy of your current Tobacco Retailers License (Form CT-RL), which is issued by the Massachusetts Department of Revenue

I hereby certify that I have read and understand the Rules and Regulations regarding Tobacco Sales in accordance with Billerica Board of Health Rules and Regulations.

Pursuant to Massachusetts General Law Chapter 62C, Section 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

_____
Print Name

_____
Signature of Applicant

RECEIVED