



TOWN OF SEEKONK  
BOARD OF HEALTH  
100 PECK STREET  
SEEKONK, MA 02771

APPLICATION FOR LOCATION & SALES FOR  
TOBACCO AND NICOTINE DELIVERY  
PRODUCTS PERMIT

Date: \_\_\_\_\_

FEE: \$25.00

Name of Establishment: \_\_\_\_\_

Email Address: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Mailing Address: (if different) \_\_\_\_\_

Name and Title of Applicant: (please print clearly) \_\_\_\_\_

**Renewal by December 31<sup>st</sup> of each year. All permits are issued for the calendar year. Permits are MANDATORY for each establishment**

- Retailers selling tobacco products must have their tobacco permit in order to receive their annual retail food license.
- Please read the following statements and sign your name in acknowledgement of these conditions to receive a “tobacco location and sales permit”.

***PLEASE COMPLETE THE FRONT & BACK OF THE APPLICATION  
PERMITS ARE NON-TRANSFERABLE***

- I understand that it is illegal to sell tobacco in any form to individuals under the age of 18 years of age, and that there are no exceptions.
- I will ask for proof of age (photo ID) from all customers who are not obviously over the age of 18 before selling any tobacco product.
- I will train my employees to conduct the sale of tobacco legally.
- I will not sell single cigarettes
- I will not sell single cigars under the price point of \$2.50.
- I understand the Seekonk Board of Health may conduct unannounced compliance checks to determine if I am checking for proof of age and not selling to those persons under the age of 18 years.
- I understand that illegal sales of tobacco products or continuous non-compliance of the Seekonk Board of Health regulations may result in the issuance of fines and/or revocation of this permit.
- I understand that this permit must be renewed annually by the last day of December.

Name of Person Applying for Tobacco Permit (print clearly)

\_\_\_\_\_

\_\_\_\_\_

Signature of Person:

Date: \_\_\_\_\_

Pursuant to M.G.L. Ch. 62C, sec 49A, I certify under the penalties of perjury that I, have filed all state tax returns and paid all state taxes required under law.

\_\_\_\_\_

Social Security Number  
Or Federal Identification Number

\_\_\_\_\_

Signature of Individual or Corporate Name

\_\_\_\_\_

Signature of Corporate Officer  
(if applicable)

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