



## Town of Rowley

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Board of Health

### APPLICATION

Center School Municipal Annex

39 Central Street, P.O. Box 783

Rowley, Massachusetts 01969

### APPLICATION FOR ROWLEY TOBACCO SALES PERMIT

Application is made for a permit to sell tobacco and tobacco products in the Town of Rowley in accordance with the provisions of the Board of Health Regulations affecting Sale of Tobacco Products to Minors effective December 28, 2018.

NAME OF BUSINESS: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Applicant/Contact Name: \_\_\_\_\_

- Location of ALL TOBACCO PRODUCTS MUST BE BEHIND the sales counter.
- Signs posted "State Law MGL 270, s.6 "NO SALE OF TOBACCO PRODUCTS TO UNDER AGE 21" in conformance with local Regulation D.2.

#### The following must be submitted with this application:

- TYPES OF TOBACCO PRODUCTS SOLD (please circle all that are sold)

Cigarettes    Pipe Tobacco,    Cigars,    Snuff,    Chewing Tobacco,    Other \_\_\_\_\_

- Provide proof of a current tobacco sales license issued by Massachusetts Department of Revenue.
- A \$200.00 annual license fee payable to the Town of Rowley, renewable January 1<sup>st</sup>
- A completed SIT-62C Form

I certify that the information I have provided above is true and accurate. I agree to conduct my business in accordance with the rules, regulations, and/or special condition(s) imposed by Federal, State, and the local Board of Health. I certify that, as the applicant, I have read said regulation and that the applicant is responsible for instructing any and all employees who will be responsible for tobacco sales regarding both state laws regarding the sale of tobacco and this regulation.

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