

Groveland Board of Health
183 Main Street
Groveland, Ma 01834

\$100.00 Annual License Fee
Make check payable to the
TOWN OF GROVELAND

for office use:

Permit number _____
Expiration date _____

Date _____

APPLICATION FOR GROVELAND TOBACCO SALES PERMIT

Application is made for a permit to sell tobacco and tobacco products in the Town of Groveland in accordance with the provisions of the Board of Health Regulations Affecting Smoking in Certain Places and Youth Access to Tobacco effective April 1, 1997.

NAME OF BUSINESS: _____

ADDRESS OF BUSINESS: _____

NAME: _____

MAILING ADDRESS: _____

* *Please include 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

- Location of all tobacco products must be behind the sales counter. One self-service display per location is permitted by a special waiver from the Board of Health.

Waiver granted for self service display: yes _____ no _____ Date granted _____

- Signs posted State Law MGL 270, s.6 "NO SALE OF TOBACCO PRODUCTS TO UNDER AGE 18:

Behind main register yes _____ no _____

On every register yes _____ no _____

- Employee agreement signed by all employees: yes _____ no _____