

Incorporated 1669



CRANBERRY CAPITAL
OF THE WORLD



Town of Middleborough Massachusetts

HEALTH DEPARTMENT
508-946-2408

20 CENTRE STREET
MIDDLEBOROUGH, MA 02346

TOBACCO SALES PERMIT

Permit Number: _____ Issued By: _____
Date of Issue: _____ Fee: _____

TOBACCO LOCATION AND SALES

Name of Business: _____

Location Address: _____

Mailing Address: _____

Name of Owner: _____

Telephone Number: _____

Federal Tax I.D. Number/Social Security Number: _____

As the owner, manager, and/or operator who holds a State License to sell tobacco products, I did apply and receive a Middleborough Board of Health Tobacco Permit with the understanding that it is illegal to sell tobacco in any form to individuals under 18 years of age. I am aware that there are no exceptions. I will obtain photographic proof of age from all customers who look to be 25 years of age or younger before selling any tobacco products. I will train my sales staff to conduct tobacco sales legally. Tobacco products will be located so as to be in compliance with the Middleborough Tobacco Regulation.

I understand that the Middleborough Board of Health and its agents will conduct unannounced compliance checks. I am aware that violations of any section of the Tobacco regulation may result in issuance of fines and/or the revocation of this permit. I understand that this permit must be renewed annually.

Name of Person Responsible for Permit (Print Name)

Signature of Person Responsible for Permit

COPY OF DOR TOBACCO SALES TAX PERMIT REQUIRED.