



**CITY OF FALL RIVER, MASSACHUSETTS
DEPARTMENT OF HEALTH & HUMAN SERVICES
OFFICE OF THE BOARD OF HEALTH
TOBACCO CONTROL**

PERMIT APPLICATION FOR THE SITE AND SALES OF
TOBACCO PRODUCTS and NICOTINE DELIVERY PRODUCTS

Fee: \$125.00

PERMIT HOLDER:

Name of Owner/Corporation

(Home Address)

(City/Town)

(Zip)

(Home Telephone)

(Personal E-mail Address)

DOING BUSINESS AS:

(Business Name)

(Business Address)

(Zip)

(Business Telephone)

(Business E-mail Address)

Applicant's Name (please print)

Applicant's Signature (**REQUIRED**)

Applicant's Date of Birth (**REQUIRED**)

Applicant's SS # (**REQUIRED**)

Title

Date

*****Circle One*****

Convenience Store

Gas/ Mini Mart

Gas Only

Liquor Store

Restaurant

Private Club

Dept. Store

Grocery

Retail/Wholesale

Other

Sales over the counter _____

Sales of E-Cigarettes _____

Sales with vending machine _____

Other City permits held: FOOD _____ LIQUOR _____

****Please attach a copy of your current Dept. of Revenue Cigarette Retailer's License.**

APPLICATIONS MUST BE RECEIVED BY DEC. 31st TO AVOID \$60.00 LATE FEE.

A signed "Tax Certification Form" from the City Collector must be included with this application or it will be considered incomplete and returned

For office use only:

Tax Certification complete: Approval to issue license: Initials _____ Date _____