



**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 \_\_\_\_\_*