



# CITY OF SALEM, MASSACHUSETTS

BOARD OF HEALTH  
120 WASHINGTON STREET, 4<sup>TH</sup> FLOOR  
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**Public Health**  
Prevent. Promote. Protect.

KIMBERLEY DRISCOLL  
MAYOR

LARRY RAMDIN, RS/REHS, CHO, CP-FS  
HEALTH AGENT

## 201\_ APPLICATION FOR PERMIT FOR TOBACCO SALES

**PERMIT FEE \$135**

NAME OF ESTABLISHMENT \_\_\_\_\_ TEL # \_\_\_\_\_

ADDRESS OF ESTABLISHMENT \_\_\_\_\_ FAX # \_\_\_\_\_

DEPARTMENT OF REVENUE APPLICATION NUMBER: \_\_\_\_\_

MAILING ADDRESS (if different) \_\_\_\_\_

EMAIL - Business': \_\_\_\_\_ Website: \_\_\_\_\_

OWNER'S NAME \_\_\_\_\_ TEL # \_\_\_\_\_

ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP

EMERGENCY RESPONSE PERSON \_\_\_\_\_ HOME TEL # \_\_\_\_\_

**Type of Products Sold:** Cigarettes \_\_\_\_\_ Cigars \_\_\_\_\_ Chewing Tobacco \_\_\_\_\_ Pipe/Cigarette Tobacco \_\_\_\_\_ Nicotine Delivery  
Devices \_\_\_\_\_ Other Tobacco Product (list in additional Sheet) \_\_\_\_\_

DAYS OF OPERATION	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
HOURS OF OPERATION Please write in time of day. (For example 11am-11pm)							

**\*Please pay total with one check payable to the City of Salem.**

**This Permit is not transferable and must be reissued upon change of ownership. The Permit must be posted in a prominent location in the Establishment.**

**In accordance with the State Sanitary Code, before any renovations, improvements, or equipment changes are made, all plans for such must be submitted to and approved by the Salem Board of Health.**

Pursuant to MGL Chapter 62C, Section 49A, I certify under the pains and penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under the law.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Social Security or Federal Identification Number \_\_\_\_\_