



TOWN OF BRIDGEWATER

BOARD OF HEALTH

66 Central Square

BRIDGEWATER, MA 02324

508-697-0903

APPLICATION FOR TOBACCO SALES PERMIT

Fee: \$150.00 (payable to the Town of Bridgewater)

Date of Issue: June 1, 2019

Expires: June 1, 2020

For Health Department use Only

Permit #

| | |
|---------------------|--|
| Name of Business: | |
| Business Address: | |
| Mailing Address: | |
| Name of Owner: | |
| Phone Number: | |
| Federal Tax ID/SSN: | |

As the owner, manager and/or operator who holds a State License to sell tobacco products, I did apply and receive a Bridgewater Board of Health Tobacco Permit with the understanding that **it is illegal to sell tobacco in any form to individuals under 21 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 Bridgewater Tobacco Regulation.

I understand that the Bridgewater Board of Health and its Agent 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

Please include a copy of your state permit to sell tobacco with your application. No permits will be issued unless a copy of your permit is included with your application.