



**APPLICATION PERMIT TO SELL TOBACCO PRODUCTS
FOR MELROSE BOARD OF HEALTH USE ONLY**

MAKE CHECKS PAYABLE TO CITY OF MELROSE (\$200)

1) Establishment Name:	
2) Establishment Address:	
3) Establishment Mailing Address (if different):	
4) Establishment Telephone No:	5) Establishment Fax No:
6) E mail (all correspondence will be via email, you are required to provide an email address):	
7) Owner Name & Title:	
8) Owner Home Address:	
9) Owner Telephone No:	10) 24 Hour Emergency No:
11) Establishment Owned By: Association Corporation Individual Partnership Other, specify:	
12) If a corporation or partnership, give name, title, and home address of officers or partner.	
<u>Name</u>	<u>Title</u>
<u>Home Address</u>	

13) Person Directly Responsible for Daily Operations (Owner, Person in Charge, Supervisor, Manager, etc.)	
Name & Title:	_____
Emergency Telephone No:	_____

State of Incorporation: _____ Name & Address of Local Agent: _____

Enclosed is a copy of our current DOR license

I have received a copy of the Chapter 212 of the City Ordinances "Tobacco Products" and have submitted a fee of \$200

Print name

Signature

Date

Pursuant to M.G.L. Ch 62C, sec 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes under law.

Social Security # or Federal Identification #

Signature of Individual or Corporate Name