

Date Received \_\_\_\_\_ Amount Paid \$ \_\_\_\_\_ Check # \_\_\_\_\_ Permit # \_\_\_\_\_  
FOR BOH OFFICE USE ONLY TCC: Initial \_\_\_\_\_ Date \_\_\_\_\_



**TOWN OF SOUTHWICK BOARD OF HEALTH**  
**APPLICATION FOR A PERMIT TO SELL**  
**TOBACCO AND/OR NICOTINE DELIVERY PRODUCTS**  
**2024**

Southwick Board of Health  
454 College Highway  
Southwick, MA 01077  
(413) 569-1212

Name of Establishment \_\_\_\_\_

Business Address \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Email \_\_\_\_\_ Fax \_\_\_\_\_

**OWNER, CORPORATION, OR PARTNERSHIP INFORMATION**

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

**MASSACHUSETTS DEPARTMENT OF REVENUE LICENSES**

Please include copies of the following Massachusetts Department of Revenue retail tobacco licenses that apply to your establishment along with this application:

- ✓ Cigarette Retail License
- ✓ Cigar and Other Tobacco Product Retail License
- ✓ Electronic Cigarette Retail License

**APPLICATION FEE: \$ 150.00**

**PLEASE RETURN THE COMPLETED APPLICATION WITH COPIES OF RETAIL TOBACCO LICENSES AND PAYMENT BY DECEMBER 1<sup>st</sup>. INCOMPLETE APPLICATIONS AND LICENSES WILL NOT BE CONSIDERED.**

**ANY FACILITY THAT HAS NOT SUBMITTED A RENEWAL APPLICATION WITH PAYMENT OR REQUIRED LICENSES BY DECEMBER 31<sup>st</sup>, WILL BE CONSIDERED OPERATING WITHOUT A PERMIT AND WILL BE ORDERED TO CEASE OPERATION UNTIL ALL THE PROPER PAPERWORK IS SUBMITTED.**

*I hereby certify that I am an owner or officer of the above business and all information provided is true. I agree to comply with the regulations set forth in the Town of Southwick's Regulations Limiting Youth Access to Tobacco Products and Nicotine Delivery Products and M.G.L. c270. I agree to allow the Board of Health or its agents access to the establishment and to provide all required information. I agree to pay all appropriate fees at the time of application submittal.*

\_\_\_\_\_  
**SIGNATURE OF OWNER / OFFICER**

\_\_\_\_\_  
**DATE**

**CHECK OR MONEY ORDER**

**MAKE PAYABLE TO: Town of Southwick**

**NO REFUNDS**