Hinsdale Board of Health Town Hall 39 South Street Hinsdale, MA 01235 Tel. (413) 655-2311 2020 APPLICATION FOR PERMIT TO SELL TOBACCO PRODUCTS

Establishment Name:		Telephone:	
Site Address:		Fax Number:	
Owner's Information			
First Name:		Last Name:	
Address:			
City:	State:	Zip Code:	
Telephone:	Cell Phone:		
E-mail Address:			
If corporation or partne	ership, give name, title and home a	ddress of officers or partners	

All Tobacco permits expire on December 31. Tobacco permit applications must be in prior to December 31. Seasonal operations and new establishments must submit an application at least 4 weeks prior to the expected opening date.

Per M.G.L. 270 Section 6: Whoever sells a cigarette, chewing tobacco, snuff or any tobacco in any of its forms to any person under the age of eighteen or, not being his parent or guardian, gives a cigarette, chewing tobacco, snuff or tobacco in any of its forms to any person under the age of eighteen shall be punished by a fine of not less than one hundred dollars for the first offense, not less than two hundred dollars for a second offense and not less than three hundred dollars for any third or subsequent offense.

NOTE: COPIES OF RETAILERS LICENSES FOR SALE OF CIGARETTES, CIGARS AND SMOKING TOBACCO ISSUED BY THE MASSACHUSETTS DEPARTMENT OF REVENUE MUST BE SUMBITTED WITH ALL APPLICATIONS. PERMITS WILL NOT BE ISSUED WITHOUT THIS INFORMATION.

APPLICANT SIGNATURE:

PRINT NAME:

DATE: