



TOWN OF NORTH READING HEALTH DEPARTMENT

235 NORTH STREET
NORTH READING MA 01864

TEL: 978-357-5242

FAX: 978-664-1713

APPLICATION PERMIT TO SELL TOBACCO PRODUCTS

FEE: \$100.00

Date: _____

Business Name: _____

Location: _____

Address for Ordinance notifications (if different from above): _____

Email Address: _____

Phone Number: _____ Fax Number: _____

Name & Title of Applicant: _____

Name of Owner (if different from applicant): _____

Manager: _____

Types of Tobacco Sold: (check all that apply)

☐ Chewing Tobacco

☐ Cigars

☐ Cigarettes

☐ Pipe Tobacco

☐ Snuff

**NOTE: A copy of the establishment's current state tobacco sales license issued by the
Massachusetts Department of Revenue must be submitted with this application.**

I, _____, certify that the signs posted in this store conform to Massachusetts
(store owner or manager)

General Law Chapter 270, Section 6. I understand that removal of these signs can result in revocation of this
permit to sell tobacco.

Signature: _____ Date: _____

For Health Department Use Only:

☐ Permit Approved by: _____ ☐ Disapproved Reason: _____

Please read the following statements and sign your name in acknowledgement of these conditions that allow you to sell cigarettes and other tobacco products.

- Δ I have read, understand, and will uphold the North Reading Tobacco Control Regulations.
- Δ I have read Massachusetts General Law Chapter 270 Sections 6 & 7, which state that the sale of tobacco products to persons under age 18 is illegal and punishable by fines of up to \$300.00. Any store selling tobacco products must post a copy of MGL Ch 270 Sec 6 & 7.
- Δ I understand that it is illegal to sell tobacco in any form to individuals younger than 21 years of age, and that there are no exceptions.
- Δ I will obtain photographic proof of age from all customers under the age of 27 years.
- Δ I understand that the sale of single or loose cigarettes, or cigarettes in packages smaller than 20 cigarettes, is prohibited.
- Δ I understand that vending machines and self-service displays for tobacco sales are prohibited.
- Δ I understand that I am responsible for training my employees concerning the above and furthermore, I am responsible for their actions while in my employ.
- Δ I understand that my tobacco permit will be suspended for repeated violations.

I agree to abide by the above statements.

Signature of permit holder

Date

Print Name

Name of Establishment