



# PERMIT APPLICATION LOCATION AND SALES OF TOBACCO/ NICOTINE DELIVERY PRODUCTS

### This Application is for

- New Permit
- Renewal

Previous Permit #: TOB-R-\_\_\_\_\_

### Are You a New Owner?

- Yes If you are a new owner, call the Tobacco Control Program immediately at 617-534-4718
- No

### Name of Retail Establishment

(As it appears on your City of Boston Business License)

### Alternate Name of Establishment (DBA)

(Other name under which the business operates)

### Address of Establishment

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

City State Zip Code

### Hours of Operation

\_\_\_\_\_ to \_\_\_\_\_  
**Days of Operation**  
 \_\_\_\_\_ thru \_\_\_\_\_

### Mailing Address

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

City State Zip Code

### Business Category

- Grocery Store
- Convenience Store
- Restaurant
- Other \_\_\_\_\_
- Gas & Mini Mart
- Liquor Store
- Bar
- Gas Only
- Adult Only Tobacco Store
- Vape Shop

### Email:

\_\_\_\_\_

### Name of Owner

\_\_\_\_\_

Business Phone # ( ) -

### Name of Manager (If different from owner)

\_\_\_\_\_

Cell Phone # ( ) -

### Permit Renewal Checklist

- Completed application
- Non-refundable** \$500 Application fee (Check or money order made payable to Boston Public Health Commission)
- Signed Owner/Operator Statement
- Copies of the Massachusetts Department of Revenue (DOR) Cigarette [CT-3]/ Cigar and Smokeless Tobacco [CT-3T] /Electronic Nicotine Delivery System / License(s)
- Mail or drop off **COMPLETED** packet to:  
Boston Public Health Commission  
1010 Massachusetts Ave. 2nd Floor  
Boston, MA 02118 Attn: Revenue Dept/TOB



**INCOMPLETE APPLICATIONS WILL BE RETURNED  
WITHOUT THE NON-REFUNDABLE FEE**

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

Owner's Social Security # or Federal ID #

Signature of Applicant or Corporate Officer

Date

### For Office Use Only Revenue Dept.

TOB-R-

Paid By:  Check #:  
 Money Order #:

Date Received: By: