



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 ☐ Gas & Mini Mart ☐ Gas Only
☐ Convenience Store ☐ Liquor Store ☐ Adult Only Tobacco Store
☐ Restaurant ☐ Bar ☐ Vape Shop
☐ Other _____

Email:

Name of Owner

Name of Manager (If different from owner)

Business Phone # () -

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

TOB-R-

Paid By:

☐ Check #:

☐ Money Order #:

Date Received:

By:

REV10/2025