

Fee: \$50.00

Tobacco Control Program

Application/Renewal for Tobacco Sales Permit

In accordance with Millis Board of Health Regulations, application for a Tobacco Sales Permit is hereby made by:

Business name: _____

DBA name if applicable: _____

Business address: _____

Business phone number: _____ Fax: _____

Massachusetts Dept. of Revenue (DOR) tobacco license number: _____

- If the business is a sole proprietorship, the information provided below should be for the proprietor (owner)
- If the business is a corporation, the information provided below should be for an officer of the corporation who will be held liable for any criminal acts of the corporation
- If the business is a partnership, the information provided below should be for a partner who will be held liable for any criminal acts of the partnership
- Town of Millis property owners must obtain a Certificate of Good standing from the Treasurer's Office.

Name of person responsible for business (print): _____

Phone: _____ Fax: _____

Mailing Address: _____

This application must be filled out completely before a permit will be issued and must be accompanied with a check as noted at the top of the application. Incomplete applications will be returned.

I, the undersigned applicant, agree to abide by the conditions set forth in the Millis Board of Health "Rules and Regulations Affecting the Sale of Tobacco Products to Minors".

Pursuant to the MGL Ch. 62C, sec. 49A, I certify under penalties that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required by law.

Federal I.D. # or Social Security #: _____

Applicant signature: _____
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For BOH office use only: Fee Paid _____ Permit No. Issued _____