



**TOWN OF MERRIMAC  
BOARD OF HEALTH**  
2 School Street  
Merrimac, MA 01860  
Tel. 978-346-4066

**Annual Fee: \$50.00**  
Payable to Town of Merrimac

### APPLICATION FOR MERRIMAC TOBACCO SALES LICENSE

Application is made for a license to sell tobacco and tobacco products in the Town of Merrimac in accordance with the provisions of the Board of Health Regulations Affecting Sale of Tobacco Products to Minors effective April 1, 2000.

Name of Business: \_\_\_\_\_

Business Address: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Tel. No. \_\_\_\_\_

Mailing Address: \_\_\_\_\_

E-Mail: \_\_\_\_\_

If applicant is a partnership, full name and address of all partners:

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

If applicant is a corporation: \_\_\_\_\_ State of Corp. \_\_\_\_\_

President \_\_\_\_\_

Treasurer \_\_\_\_\_ Clerk \_\_\_\_\_

Types of tobacco products sold:

*Please circle all that are sold.*

**Cigarettes    Pipe Tobacco    Cigars    Snuff    Chewing Tobacco    Other**

LOCATION OF ALL TOBACCO PRODUCTS MUST BE BEHIND THE SALES COUNTER.

**Signs posted, State Law, MGL 270, §6, NO SALE OF TOBACCO PRODUCTS TO UNDER AGE 18**

Behind main register?    **Yes**\_\_\_ **No**\_\_\_    On every register?    **Yes**\_\_\_ **No**\_\_\_

*I agree to follow all rules and regulations specified in the Merrimac Board of Health Tobacco Regulations.*

**Signed:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Print Name** \_\_\_\_\_

**SSN or FIN No.** \_\_\_\_\_

**Permit expires December 31.**

*Rev. 05-01-07*