

FOR OFFICE USE ONLY

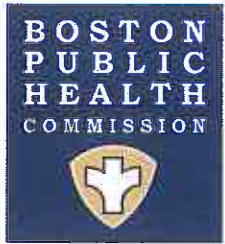
PAID BY:

Check # _____

Money Order # _____

DATE RECEIVED: _____

BY: _____



LOCATION AND SALES
OF TOBACCO PRODUCTS
PERMIT
APPLICATION

This Application must be completed IN FULL and returned, along with a One Hundred Dollar (\$100.00) Non-refundable Fee (Check or Money Order), the Owner's Statement, and a Copy of your Massachusetts State Department of Revenue Cigarette Retailer's License Form CT-3A (or other proof thereof), to BOSTON TOBACCO PREVENTION AND CONTROL PROGRAM, 1022 Massachusetts Ave, Boston, MA 02118. Incomplete Applications will NOT be processed. For assistance, please call 617-534-4718.

1. THIS APPLICATION IS FOR: NEW PERMIT RENEWAL OF PREVIOUS PERMIT# _____

2. NAME OF RETAIL ESTABLISHMENT (as it appears on your City of Boston Business License):

3. ALTERNATE NAME OF ESTABLISHMENT (DBA) (other name under which the business operates):

4. LOCATION OF ESTABLISHMENT:	MAILING ADDRESS (if different from LOCATION):
_____	_____
Address Line 1	Address Line 1
_____	_____
Address Line 2	Address Line 2
_____	_____
City State Zip Code	City State Zip Code

5. HOURS OF OPERATION: _____ to _____ DAYS OF OPERATION: _____ thru _____

6. TYPE OF BUSINESS OWNERSHIP: Chain Owned Independently Owned

7. BUSINESS CATEGORY:

<input type="checkbox"/> Grocery Store	<input type="checkbox"/> Gas & Mini-Mart	<input type="checkbox"/> Gas Only
<input type="checkbox"/> Convenience Store	<input type="checkbox"/> Liquor Store	<input type="checkbox"/> Pharmacy
<input type="checkbox"/> Restaurant	<input type="checkbox"/> Bar/Tavern	<input type="checkbox"/> Other (describe) _____

8. TYPE(S) OF SALES Over the Counter Vending Machine (Vending machines are prohibited in all areas except locations where persons under 18 years of age are prohibited at all times.)

9. NAME OF ESTABLISHMENT OWNER: _____

10. HOME PHONE: _____ BUSINESS PHONE: _____

11. EMAIL ADDRESS (optional): _____

12. ARE YOU A NEW OWNER? Yes / No (Circle) IS THIS A SMOKING BAR or TOBACCONIST? Yes / No

13. NAME OF MANAGER (if different from Owner): _____

14. PRIMARY LANGUAGE: Owner: _____ Manager: _____

15. MA Department Of Revenue CIGARETTE RETAILER'S LICENSE NUMBER (5-digits) _____
(A copy of this license, or other proof of payment, MUST BE ATTACHED to this Application)

Pursuant to M.G.L. Chapter 62 C. Section 49A, I certify under the 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 _____