



# Town of Mashpee

Board of Health  
16 Great Neck Road North  
Mashpee, Massachusetts 02649  
(508) 539-1426

## APPLICATION FOR A TOBACCO SALES PERMIT AND/OR NICOTINE DELIVERY PRODUCTS PERMIT

Permit #: \_\_\_\_\_

Fee: \$ **50.00**

Date: \_\_\_\_\_

Name of Establishment: \_\_\_\_\_

Establishment Address: \_\_\_\_\_

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

Telephone #: \_\_\_\_\_

Cell Phone Number # \_\_\_\_\_

Email Address: \_\_\_\_\_

Social Security Number or Federal ID: \_\_\_\_\_

I, the undersigned, agree to comply with all applicable State laws, rules, by-laws, Mashpee Board of Health regulations and with all orders, decrees, policies and directives issued by the Mashpee Board of Health. I agree that it is my responsibility to instruct any and all employees, who are responsible for Tobacco and Nicotine Delivery Product sales, regarding both State laws and local Board of Health regulations for the sale of tobacco and its products.

Signature: \_\_\_\_\_

Print Clearly: \_\_\_\_\_

NOTE: No person shall sell or otherwise distribute tobacco or Nicotine Delivery Products at retail establishments within Mashpee without first obtaining a Tobacco and Nicotine Delivery Product Sales Permit issued annually by the Mashpee Board of Health.