



Hardwick Board of Health

PO Box 575, Gilbertville MA 01031

Telephone (413) 477-6197 x108

Fax (413) 477-6703

Email: boh@townofhardwick.com

TOBACCO SALES PERMIT APPLICATION

1. Fill out the application and attach a check for \$10.00 made payable to the Town of Hardwick.
2. Mail to Board of Health, PO Box 575, Gilbertville, MA 01031
3. Fees are non-refundable.

BUSINESS NAME: _____

Address: _____

City/State/Zip: _____

Telephone Number: _____

CONTACT PERSON: _____

Address: _____

City/State/Zip: _____

Telephone Number: _____

PURPOSE OF PERMIT: **TO SELL TOBACCO PRODUCTS** in accordance with the Town of Hardwick Board of Health Rules and Regulations affecting Sales of Tobacco Products to Minors, effective May 20, 1996.

TOBACCO SALES PERMITS EXPIRE DECEMBER 31ST EACH CALENDAR YEAR

I have fully read and understand the Board of Health Rules and Regulations affecting sales of tobacco products to minors. I understand that it is my responsibility to instruct all persons under my employment on the sale of tobacco products to minors.

Pursuant to Massachusetts General Laws Chapter 62C, Section 439A, I certify under penalties of perjury, that I, to the best of my knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

Signature of Applicant/Contact Person

Date