



# PERMIT APPLICATION LOCATION AND SALES OF TOBACCO/ NICOTINE DELIVERY PRODUCTS

**This Application is for:**

- New Permit
- Renewal

Previous Permit #: TOB-R-\_\_\_\_\_

**Are You a New Owner?**

- Yes
- No

**Name of Retail Establishment**

(As it appears on your City of Boston Business License)

**Alternate Name of Establishment (DBA)**

(Other name under which the Business Operates)

**Location of Establishment**

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

City State Zip Code

**Hours of Operation**

\_\_\_\_\_ to \_\_\_\_\_

**Days of Operation**

\_\_\_\_\_ thru \_\_\_\_\_

**Mailing Address** (If different from location)

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

City State Zip Code

**Business Category**

- Grocery Store
- Convenience Store
- Restaurant
- Other \_\_\_\_\_
- Gas & Mini Mart
- Liquor Store
- Bar
- Gas Only
- Adult Only Tobacco Store
- Vape Shop

**Email:**

**Name of Establishment Owner**

\_\_\_\_\_

**Name of Manager** (If different from owner)

\_\_\_\_\_

**Business Phone #:** ( ) -

**Home Phone #:** ( ) -

**Permit Checklist**

- Completed Application
- Non-Refundable** \$300 Application Fee (Check or Money Order Made Payable to Boston Public Health Commission)
- Owner/Operator Statement
- Copy of the Massachusetts Department of Revenue (DOR) Cigarette [CT-3]/ Cigar and Smokess Tobacco [CT-3T] /Electronic Nicotine Delivery System / License(s)
- Mail or Drop Off **COMPLETED** Packet to:  
Boston Public Health Commission  
1010 Massachusetts Ave. 2nd Floor  
Boston, MA 02118  
Attn: Revenue Dep./TOB

**★ INCOMPLETE APPLICATIONS WILL BE RETURNED WITHOUT THE NON-REFUNDABLE FEE**

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

**For Office Use Only Revenue Dept.**

TOB-R-  
 Paid By:  Check #:  
 Money Order #:  
 Date Received: By:

**For Office Use Only BTCP/ Revenue Dept.**

Paid By:  Check #:  
 Money Order #:  
 Date Received: By: REV 10/2020