



Town of Arlington
Department of Health and Human Services
Office of the Board of Health
 27 Maple Street
 Arlington, MA 02476

Tel: (781) 316-3170
 Fax: (781) 316-3175

Application for a Permit to sell Tobacco Products and Nicotine Delivery Products

Fee: \$500.00 (payable to the Town of Arlington)

ESTABLISHMENT INFORMATION

 Establishment Name (d/b/a)

 Establishment Address

 Establishment Phone

 Establishment Email

 Manager's Name

 Manager's Phone

OWNER INFORMATION

 Owner's Name

 Owner's Address (city, state, zip)

 Owner's phone Owner's Mobile

 Owner's email

HOURS OF OPERATION

Mon _____ Tues _____ Wed _____ Thurs _____

Fri _____ Sat _____ Sun _____

TYPE OF ESTABLISHMENT

- | | | |
|--|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Convenience Store | <input type="checkbox"/> Liquor Store | <input type="checkbox"/> Restaurant |
| <input type="checkbox"/> Gas Station Only | <input type="checkbox"/> Pharmacy | <input type="checkbox"/> Tobacconist |
| <input type="checkbox"/> Gas Mini-mart | <input type="checkbox"/> Private Club | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Grocery | | |

TYPE OF PRODUCTS SOLD

- | | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> Bidis | <input type="checkbox"/> Dissolvable Tobacco | <input type="checkbox"/> Roll Your Own Tobacco |
| <input type="checkbox"/> Blunts | <input type="checkbox"/> Flavored Tobacco Products | <input type="checkbox"/> Snuff |
| <input type="checkbox"/> Bluntarillos | <input type="checkbox"/> Nicotine Delivery Products (e-cigarettes, other electronic devices) | <input type="checkbox"/> Snus |
| <input type="checkbox"/> Blunt wraps | <input type="checkbox"/> Pipe / Loose Tobacco | <input type="checkbox"/> Little Cigars |
| <input type="checkbox"/> Cigarettes | | <input type="checkbox"/> Chewing Tobacco |
| <input type="checkbox"/> Cigarillos | | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Cigars | | |

SIGNATURE

By signing this form, I the undersigned, attest to the accuracy of the information provided in this application

 Permit Applicant Signature

 Date

*** PROVIDE A COPY OF YOUR ESTABLISHMENT'S DEPARTMENT OF REVENUE SALES PERMIT**