

Town of Barre
Board of Health
40 West Street Box 431
Henry Woods Building
Barre, Massachusetts 01005
E-mail – boardofhealth@townofbarre.com
Phone 978-355-2504 x 117 Fax 978-355-5009

Permit#
Check#
FEE \$50.00

APPLICATION FOR SELLING TOBACCO PRODUCTS

Date: _____

Name of Establishment: _____

Business Address: _____

Telephone: _____ Fax: _____

Email **REQUIRED**: _____

Mailing Address (if different): _____

Name of Owner: _____ Telephone: _____

Emergency Contact: _____ Telephone: _____

IN ACCORDANCE WITH THE TOWN OF BARRE, BOARD OF HEALTH, RULES AND REGULATIONS AFFECTING SMOKING IN PUBLIC PLACES AND RESTAURANTS AND LIMITING ACCESS TO MINORS.

Pursuant to M.G.L. Ch. 62C, § 49A, I certify under the penalties of perjury that, to the best of my knowledge and belief, have filed all state and federal taxes returns and paid all state taxes required by law.

Revenue Enforcement and Protection (REAP) Attestation

*Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if applicable)

_____- _____ OR _____- _____- _____
* Federal ID Number * Social Security Number

*This license will not be issued unless application is complete