



TOWN OF MILLIS

OFFICE OF THE BOARD OF HEALTH

900 Main Street #213 • Millis, MA 02054

Phone: 508-376-7042

Fax: 508-376-7053

Tobacco Control Program – Fee \$200.00 **Application/Renewal for Tobacco Sales License**

In accordance with Millis Board of Health Regulations, application for a Tobacco Sales License is hereby made by:

Business name: _____

DBA name if applicable: _____

Business address: _____

Business phone number: _____ Email: _____

Federal I.D. # or Social Security #: _____

Massachusetts Dept. of Revenue (DOR) tobacco license number: _____

- If the business is a sole proprietorship, the information provided below should be for the proprietor (owner)
- If the business is a corporation, the information provided below should be for an officer of the corporation who will be held liable for any criminal acts of the corporation
- If the business is a partnership, the information provided below should be for a partner who will be held liable for any criminal acts of the partnership
- Town of Millis property owners must obtain a Certificate of Good standing from the Treasurer's Office.

Name of person responsible for business (print): _____

Phone: _____ Email: _____

Mailing Address: _____

This application must be filled out completely before a permit will be issued and must be accompanied with a check as noted at the top of the application. Incomplete applications will be returned.

I, the undersigned applicant, agree to abide by the conditions set forth in the Millis Board of Health "Rules and Regulations Affecting the Sale of Tobacco Products to Minors".

Pursuant to the MGL Ch. 62C, sec. 49A, I certify under penalties that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required by law.

Applicant signature: _____

Employee Affidavit

In accordance with the “Regulations of the Millis Board of Health Restricting the Sale of Tobacco Products” no tobacco product sales license holder shall allow an employee to sell tobacco products until such employee reads the “Regulations of the Millis Board of Health Restricting the Sale of Tobacco Products” and State and Federal Tobacco Laws regarding the sale of tobacco products.

Name of Retail Establishment:

I have read and understand the above cited regulations.

Employee Signature

Print Name

Date

<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

A copy of this Affidavit shall be maintained at the retail establishment
and available to the Board of Health for inspection at all times.