

Applicant/Owners Signature

Town of Dedham

Board of Health 450 Washington Street Dedham, MA 02026 Ph: (781) 751-9220 F: (781) 751-9229

www.dedham-ma.gov



FID# or SS#

Tobacco and Nicotine Delivery Products Sales Permit

Fee: \$200.00 **Establishment Information**: **Owner Information:** Name: _____ Name: _____ Address: _____ Address: Dedham, MA 02026 Email: _____ Email: Phone #: _____ Phone #: _____ Contact person: _____ Emergency #: Phone #: _____ Emergency #: State Tobacco License Number:_____ List of products to be sold: *If more space is needed attach list on separate sheet of paper *The following must be submitted with the application:* Copy of State Tobacco License List of products to be sold (if not included above) By signing you are confirming that you have read and understand the Town of Dedham Tobacco Regulations. You also agree to abide by these regulations set forth by the Town of Dedham Board of Health. If your establishment is in non-compliance of these regulations you may have your permit suspended indefinitely.

Date