

THE COMMONWEALTH OF MASSACHUSETTS
Town of Hanover
550 Hanover Street
Hanover, MA 02339

APPLICATION FOR PERMIT TO SELL TOBACCO/VAPE PRODUCTS

Fee: \$100.00

NO. TO- _____

Date: _____, _____

To the licensing authorities

In accordance with the provisions of the Statutes relating thereto, application for a Permit is hereby made by:

Name & Company: _____

Full name of person

Name of Firm or Corporation

Location (Number and Street, Town, State and, Zip Code)

To: *Sell Tobacco/Vape Products* (*No selling to under age 21*)

Tel # _____ Cell: _____

E-mail: _____

The undersign agrees to comply with the Hanover Board of Health's Tobacco/Vape sales Regulations. (The Hanover Board of Health's Regulations are available on line at www.hanover-ma.gov)

(Signature or applicant)

The following information must be provided to the Board of Health before a new establishment permit can be issued:

- *Floor plan of establishment showing the location of all Tobacco/Vape products.*
- *\$100.00 fee.*
- *Must sign sheet, they received a copy of Hanover's Tobacco Sales Regulations. (see separate signoff form.)*