



Town of Halifax

Nicotine Product Permit Application

Applications received **after** the December 31st deadline, fees will be *doubled in amount*.
Failure to pay late fees will result in non renewal of permit.

Business Information

Establishment Name: _____
Establishment Address: _____
Establishment Mailing Address (if different): _____
Establishment Telephone #: _____
Applicant Name & Title: _____
Applicant Address: _____
Applicant Telephone #: _____
24 Hour Emergency #: _____
Applicant Email Address: _____
Owner Name & Title (if different from applicant): _____
Owner Address (if different from applicant): _____
Establishment Owned by: _____
 An Association
 A Corporation
 An Individual
 A Partnership

If a corporation or partnership, give name, title and
home address of officers or partners

Total Permit Fee

\$ 50.00

Payment is due with application

Type of Permit

Nicotine Product

Operational Information

Type of Business: _____
Hours of Operation: _____
Person Directly responsible for Daily Operations (Owner, Person in Charge, Supervisor, Manager etc.)
Name & Title: _____
Address: _____
Telephone #: _____ Emergency Contact #: _____
Fax #: _____ Email: _____

By submitting this application you are acknowledging that you have read and will abide by Halifax's regulations on Prohibiting Smoking in Work Places and Public Places and Restricting the Sale of Tobacco Products.

For a copy of the regulations go to:

http://www.town.halifax.ma.us/Pages/HalifaxMA_Health/PoliciesRegs/Tobacco.Smoking/ or you can pick up a copy at the office of the Board of Health.

I, the undersigned, attest to the accuracy of the information provided in this application and I affirm that the business operations will comply with all applicable law.

Signature of Individual or Corporate Name _____