



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: _____	<u>Total Permit Fee</u> <u>\$50.00</u>
Establishment Address: _____	
Establishment Mailing Address (if different): _____	Payment is due with application
Establishment Telephone #: _____	<u>Type of Permit</u> Nicotine Products
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:	If a corporation or partnership, give name, title and home address of officers or partners _____
<input type="checkbox"/> An Association	_____
<input type="checkbox"/> A Corporation	_____
<input type="checkbox"/> An Individual	_____
<input type="checkbox"/> A Partnership	_____

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 _____