

Board of Health  
71 Mt. Vernon Street  
Winchester, MA 01890

Tel: 781-721-7121  
Fax: 781-729-1794



Kerry Bartlett, MHS, Chair  
Catherine Donaghey  
Shannon Bottari, MD

Jennifer Murphy, MPH, Director  
Kathy Whittaker, RN, Public Health Nurse

## TOBACCO AND NICOTINE DELIVERY PRODUCT SALES APPLICATION 2020

**Fee: \$200**

Name of Retail Establishment: \_\_\_\_\_

Address of Retail Establishment: \_\_\_\_\_

Phone # of Establishment: \_\_\_\_\_

Name of Owner: \_\_\_\_\_

Address of Owner: \_\_\_\_\_

Cell (24/7) Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Hours of Operation (list days and times: \_\_\_\_\_

I, applicant and owner of above establishment, have read the Board of Health (BOH) Tobacco and Nicotine Delivery Product Sales Regulation (copy enclosed). I understand that I am responsible for instructing any and all employees who will be responsible for tobacco and nicotine delivery product sales on state laws regarding the sale of tobacco and the local BOH regulation. I will ensure all relevant employees read the BOH Regulation on Tobacco and Nicotine Delivery Product Sales and state laws, and that each employee signs a statement attesting to such which will be kept on file at the establishment.

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**Note:**

- Submit \$200 fee along with this application of the BOH office. Make checks payable to Town of Winchester.
- Submit a copy of **ALL** current Department of Revenue Tobacco Sales Licenses. This is required to renew permit.
- All outstanding fines must be paid in order to renew permit.

**Office Use:**

Date app rcv'd: \_\_\_\_\_

Date fee rcv'd: \_\_\_\_\_ check #: \_\_\_\_\_

Date copy of DOR rcv'd: \_\_\_\_\_