



Town of Reading
16 Lowell Street
Reading, MA 01867-2683

HEALTH
Phone: (781) 942-9061
Fax: (781) 942-9071
Website: www.readingma.gov

APPLICATION FOR TOBACCO SALES & NICOTINE DELIVERY PRODUCTS PERMIT

The application is made for a permit to sell tobacco and tobacco products in the Town of Reading in accordance with the provisions of the Board of Health Regulations.

Name of Establishment _____

Address _____ Telephone _____

Mailing Address (if different) _____

Email _____

Name of Owner _____ Telephone _____

Address _____

If partnership or corporation, list the name, title and home address of all partners/corporate officers and State of Incorporation.

- Enclose a copy of your current permit from the Department of Revenue
- \$200 fee Checks payable to the Town of Reading

Signature

Date

Print Name

TO BE FILLED OUT BY ALL APPLICANTS

Pursuant to M.G.L. Ch 62C, sec 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes under law.

Social Security # or Federal Identification #
By _____

Signature of Individual or Corporate Name