

# Town of Ayer

## Retail Sales Tobacco Application

### Business Information

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone #: \_\_\_\_\_

### Applicant Information

Applicant Name: \_\_\_\_\_

Business Tax ID #: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

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

### Partners or Corporate Officers

Name	Title	Address	Phone #
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

### LIST ALL NAMES AND AGES OF SALESPERSONS AUTHORIZED TO SELL TOBACCO PRODUCTS

Name: _____	Age: _____	Name: _____	Age: _____
Name: _____	Age: _____	Name: _____	Age: _____
Name: _____	Age: _____	Name: _____	Age: _____
Name: _____	Age: _____	Name: _____	Age: _____
Name: _____	Age: _____	Name: _____	Age: _____

### -----BOH USE ONLY-----

Permit #: \_\_\_\_\_ Date Issued: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Fee Paid: \_\_\_\_\_ DOR License: \_\_\_\_\_ Date Inspected: \_\_\_\_\_

Violations Noted: \_\_\_\_\_

*Please complete and return to the Ayer Board of Health – 1 MAIN ST. AYER, MA 01432 – no later than December 16, 2022. Include your payment (\$100) – checks payable to TOWN OF AYER – and a copy of your current Tobacco Sales License issued by the MA Dept. of Revenue. THANK YOU.*