



**Town of Athol
BOARD OF HEALTH**

584 Main Street Athol, Massachusetts 01331

978-249-7934

978-249-0134 (Fax)

boh@townofathol.org



Public Health
Prevent. Promote. Protect.

Retail Sales Nicotine Delivery Device Permit Registration Application
FEE: \$50.00 Annually Payable to the Town of Athol _____

Date of Application: _____

1. Business Name: _____

Business Address: _____

Business Phone Number: _____

2. Owner/Applicant's Name: _____

Owner/Applicant's Title: _____

Owner/Applicant's Address: _____

Owner/Applicant's Phone Number: _____

3. List of all sales persons, names and ages, authorized to sell nicotine delivery device products:
(List all employees who currently handle nicotine delivery device products. This list only needs to be updated with the Board of Health when applying for the annual permit. The Board recognizes that there may be staffing changes throughout the year. Continue on the back if more space is needed.)

Pursuant to MGL C 62C, S 49A, I certify under the penalties of perjury that I, to the best knowledge and belief, have filed all State Tax returns and paid all State Taxes required under law.

Signature:

Date:

Federal ID #: _____