

Permit Number _____

Date of Issue: _____

Fee: \$50.00

By: _____
Code Enforcement Officer

APPLICATION FOR PERMIT FOR TOBACCO LOCATION AND SALE
Town of Randolph Health Department

LOCATION WHERE TOBACCO PRODUCTS WILL BE SOLD

BUSINESS MAILING ADDRESS

Name & Address:

Telephone:

As the owner, manager, and/or operator that holds a State license to sell tobacco products I did apply and receive a Randolph Health Department tobacco location form and individuals under 18 years of age. I am aware there are no exceptions. I will obtain photographic proof of age from all customers who are not obviously over eighteen years of age before selling any tobacco product. I will not sell single cigarettes. I will train my sales staff to conduct tobacco sales legally.

I understand that Randolph Health Department Agents will conduct unannounced compliance checks.

I also understand that this permit must be renewed annually.

Name of Person Applying-Please Print

Signature of Person Applying

POSITION _____