

**Town of Berlin**  
**Retail Sales Tobacco Application /Permit \***

Business Name: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Business Phone Number: \_\_\_\_\_  
Applicants Name (print): \_\_\_\_\_  
Applicants Business ID #: \_\_\_\_\_  
Applicants Home Address: \_\_\_\_\_  
Applicants Home Phone Number: \_\_\_\_\_

Partners or Corporate Offices:

<u>Name</u>	<u>Title</u>	<u>Address</u>
1. _____	_____	_____
Phone # _____		
2. _____		
Phone # _____		
3. _____		
Phone # _____		
4. _____		
Phone# _____		

LIST ALL NAMES AND AGES OF SALES PERSPNS AUTHORIZED TO SELL TOBACCO PROUCTS:

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

Permit Granted:

Date Issued: \_\_\_\_\_  
Date of Expiration: \_\_\_\_\_  
\* Fee \$100.00 \_\_\_\_\_  
Date Inspected: \_\_\_\_\_  
Violations Noted: \_\_\_\_\_

PLEASE FILL OUT FORM AND RETURN TO NABH, 30 CENTRAL AVE, AYER, MA, 01432 WITH CHECK OR  
MONEY ORDER MADE PAYABLE TO THE TOWN OF BERLIN.