

**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.