

**TOWN OF SOUTH HADLEY
BOARD OF HEALTH
116 MAIN STREET, SUITE 102
SOUTH HADLEY, MA 01075
Telephone (413) 538-5013
Fax (413) 538-5012**

**TOWN OF SOUTH HADLEY – BOARD OF HEALTH
Application for Permit to Sell Tobacco Products**

Fee \$75.00

Date: _____ **Telephone:** _____

Business Name: _____

Location: _____ **E-Mail Address** _____

Owner: _____

Manager: _____

Types of Tobacco Sold (Circle All That Apply)

Cigarettes
Pipe Tobacco
Snuff

Chewing Tobacco
Pipe Tobacco
Cigars

I, _____, certify that the signs posted in this store conform to
(Store Owner or Manager)

**MA General Law Chapter 270, Section 6. I understand that removal of these signs
can result in revocation of this permit to sell tobacco.**

I have received a copy of the South Hadley Board of Health Tobacco Regulations.

Signature _____ **Date** _____

For Health Department Use Only: _____

Permit Approved _____ **Dissaproved** _____ **Reason** _____

Permit # _____ **Date Issued** _____