

Date Rcvd: _____ Amount Paid **\$100** Check # _____ Permit # _____

ABOVE FOR OFFICE USE ONLY



CITY OF CHICOPEE HEALTH DEPARTMENT
**APPLICATION TO OPERATE A
TOBACCO AND NICOTINE SALES**

2023

Chicopee Health Department
115 Baskin Drive, Chicopee, MA 01020
(413) 594-3557

Name of Establishment _____

Est Address _____ Est Phone # _____

Business Name _____

Mailing Address (If Different) _____

Email _____

Owner, Corporation, or Partnership Information

<u>Name</u>	<u>Title</u>	<u>Address</u>	<u>Phone #</u>
_____	_____	_____	_____
_____	_____	_____	_____

Check any products sold in your establishment:

- Cigarettes
- Cigars & Smoking Tobacco
- Electronic Nicotine Delivery Systems

APPLICATIONS MUST BE FILLED OUT COMPLETELY AND RETURNED WITH ALL REQUESTED PAPERWORK. INCOMPLETE APPLICATIONS AND FORMS WILL BE HELD WITHOUT PROCESSING UNTIL ALL REQUIRED DOCUMENTS ARE RECEIVED. **COPIES OF MASSACHUSETTS DEPARTMENT OF REVENUE EXCISE LICENSES MUST BE PROVIDED**

ANY FACILITY THAT HAS NOT SUBMITTED A RENEWAL APPLICATION BY DECEMBER 31ST, WILL BE CONSIDERED OPERATING WITHOUT A PERMIT AND ORDERED TO CEASE AND DESIST UNTIL THE APPLICATION AND ALL DOCUMENTATION IS SUBMITTED.

I hereby certify that I am an owner or officer of the above business and all of the information provided is true. I agree to comply with the regulations set forth in 105 CMR 590.000 State Food Code. I agree to allow the Board of Health or its agents access to the establishment and to provide all required information. I agree to pay all appropriate fees at the time of application submittal.

SIGNATURE OF APPLICANT

Date

CHECK OR MONEY ORDER ONLY

MAKE PAYABLE TO: THE CITY OF CHICOPEE

NO REFUNDS

NON-TRANSFERABLE

Apply online at: permiteyes.us/chicopee/loginuser.php