The Commonwealth of Massachusetts
Town of Topsfield
Application for Permit

No. _____ _____, 20_____
(Date)

To the Licensing Authorities:

In accordance with the provisions of the Statutes relating thereto, application for a Permit is hereby made by

Name: _____
(Full name of person, firm or corporation making application)

_____
(Give location by street and number)

to **Sell Tobacco Products**

_____
(Signature of Applicant)

_____
(Address)

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

_____
* Signature of Individual
Or Corporate Name (Mandatory)

_____
By: Corporate Officer
(Mandatory, if Applicable)

_____
** Social Security # (Voluntary)
Or Federal Identification Number

* This license will not be issued unless this certification clause is signed by the applicant.

** Your social security number will be furnished to the Massachusetts Department of Revenue to determine whether you have met your tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency **will be subject to license suspension or revocation.** This request is made under the authority of Mass. G.L. c. 62C s. 49A