

**RETAIL SALES TOBACCO PERMIT/REGISTRATION APPLICATION**  
Annual Fee: \$150.00

1. Business Name:

Business Address:

Business Phone Number:

2. Owner/Applicant's Name:

Owner/Applicant's Title:

Owner/Applicant's Address:

Owner/Applicant's Phone Number:

3. List of all sales persons, names and ages, authorized to sell tobacco products:

(List all employees who currently handle tobacco products. This list only needs to be updated with the Board of Health when applying for the annual permit. The Board recognizes that there may be staffing changes throughout the year. Continue on the back if more space is needed.)

I, as applicant, have read the Regulations of the Westminster Board of Health Sale of Tobacco Products to Minors. (Required under Section E. 2.)

Printed Name \_\_\_\_\_

Signature

I understand I am responsible for instructing any and all employees who will be selling Tobacco Products regarding any applicable state laws and Westminster Board of Health Regulations regarding the sale of Tobacco Products to Minors. (Required under Section E. 2.)

Printed Name

Signature

**Annual Fee: \$150.00**

---

- \_\_\_\_\_

.....

---

- \_\_\_\_\_

---

.....

1.8.  $\alpha$   $\rightarrow$   $\beta$   $\rightarrow$   $\gamma$   $\rightarrow$   $\delta$   $\rightarrow$   $\epsilon$   $\rightarrow$   $\zeta$   $\rightarrow$   $\eta$   $\rightarrow$   $\theta$   $\rightarrow$   $\iota$   $\rightarrow$   $\kappa$   $\rightarrow$   $\lambda$   $\rightarrow$   $\mu$   $\rightarrow$   $\nu$   $\rightarrow$   $\xi$   $\rightarrow$   $\omicron$   $\rightarrow$   $\pi$   $\rightarrow$   $\rho$   $\rightarrow$   $\sigma$   $\rightarrow$   $\tau$   $\rightarrow$   $\upsilon$   $\rightarrow$   $\phi$   $\rightarrow$   $\chi$   $\rightarrow$   $\psi$   $\rightarrow$   $\omega$   $\rightarrow$   $\alpha$

- are authorized to sell Nicotine Delivery products:

(List all employees who currently handle nicotine products. This list only needs to be updated with the Board of Health when applying for the annual permit. The Board recognizes that there may be staffing changes throughout the year. Continue on the back if more space is needed.)

I, as applicant, have read the Regulations of the Westminster Board of Health Sale and Use of Non-Tobacco Nicotine Delivery Products. (Required under Section D. 2.)

I understand I am responsible for instructing any and all employees who will be selling Nicotine Delivery Products regarding any applicable state laws and Westminster Board of Health Regulations regarding the Sale of Non-Tobacco Nicotine Delivery Products. (Required under Section D. 2.)

Signature