

Town of Westminster

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:

Owner/Applicant's Email:	
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3. List of all sales persons, names and ages, 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.)

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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.)

Printed Name _____ Signature _____