

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

I have reviewed the enclosed Town of Avon Regulations Concerning the Sale of Tobacco and understand them.

* Signature of Applicant/Officer

**Social Security #(voluntary) or Federal Id. Number

Permits expire June 30th of this calendar year.

Please return this application with application fee of \$ 50.00 payable to the Town of Avon to:

Avon Board of Health
Buckley Center
65 East Main Street
Avon, MA 02322

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

** Your Social Security # will be furnished to the Massachusetts Department of revenue to be determined whether you have met 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. General Laws, Chapter 62C, Section 49A.

<u>OFFICE USE ONLY</u>	<u>COMMENTS</u>
_____ BOH Customer #	
_____ W.C. Affidavit	
_____ Regulations Received	
_____ Fee Rec'd	