



Trumbull Health Department
335 White Plains Road, Trumbull, CT 06611
Phone (203) 452-1030 Fax (203) 452-1050



Public Health
 Prevent. Promote. Protect.
 Trumbull Health Department

APPLICATION FOR TOBACCO / NICOTINE PERMIT & RENEWAL

Please print any changes

Date: _____

Name of Business: _____

Street Address: _____

Establishment Phone: Fax: _____ Email: _____

Please indicate Business Mailing Address if different from above:

Attn: _____ At: _____

Please enter your Emergency Phone Number and phone type:

Phone: _____ Cell Land Line

Owner: _____ Phone: _____

Owner's Address: _____ Town: _____ State: _____ Zip Code: _____

Manager: _____ Phone: _____

Manager's Address: _____ Town: _____ State: _____ Zip Code: _____

Fee: **\$100 (January 01 – December 31)**

All information on this form must be completed before your permit can be issued.

The undersigned is authorized and requests a tobacco / nicotine products permit for the above establishment for the period of twelve months and operates in accordance with applicable federal, state and local laws, regulations and ordinances. * Section 53a-175 False Statement: Class A Misdemeanor: (A) A person guilty of a false statement when he intentionally makes a false written statement under oath or pursuant to a form bearing notice, authorized by law, to the effect that false statements made therein are punishable, which he does not believe to be true and which statement is intended to mislead a public servant in the performance of his official function. (B) False Statement a Class A Misdemeanor. The penalty for a Class A Misdemeanor is imprisonment for a term not to exceed one year, or a fine not to exceed \$1,000 or both. (Sections 53a-28(b), and 53a-36, and 53a-42). **By making application I agree to allow access to my establishment Trumbull Health Department personnel for inspection purposes. License is not transferrable between persons or places. License fees are non-refundable.**

Signed: _____ Date: _____

Print Name: _____ Title: _____

Office Use Only:

Fee Paid: \$ _____ Received by: _____ Check# or Cash: _____ Receipt # _____