



# Form SBQD Smoking Bar Quarterly Declaration

**Massachusetts**  
**Department of**  
**Revenue**

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Legal name of smoking bar	Federal Identification or Social Security number		
Mailing address	City/Town	State	Zip
Telephone number	Name of person authorized to sign declaration below		
Business address of smoking bar	City/Town	State	Zip
Smoking bar permit or license number	Quarter ending	City/Town	

**Declaration.** Please provide a summary and attach all pertinent documentation to confirm that revenues from the sale of tobacco products equaled or exceeded 51% of the combined revenues of the sale of tobacco products, food and beverages.

### For all applicants

I hereby certify that I agree to conform with the provisions of Massachusetts General Laws, Chapters 62C, 64C, 94E, 94F and 270 as amended, and with all rules and regulations made thereunder, and have complied with all applicable laws of the Commonwealth relating to taxes. Signed under the pains and penalties of perjury.

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Signature of owner or corporate officer	Name (please print)
Title	Date

Mail to: **Massachusetts Department of Revenue, PO Box 7004, Boston, MA 02204.**