TOWN OF LEICESTER
BOARD OF HEALTH
3 Washburn Square
LEICESTER, MASSACHUSETTS, 01524-1333

Phone: 508-892-7008 FAX: 508-892-7500

Board Members
Chairman
Debra Rigiero
Vice-Chairman
Christopher Montiverdi
Member
Robin Wood

Director of Public Health
Darlene M. O'Connor

TOBACCO SALES PERMIT APPLICATION
Permit Fee $100.00

Date of Application:_____ **D.O.R. Cigarette Lic. #_____**
Please provide copy with application

Business Name:_____

Address:_____

Mailing Address (if different)_____

Phone:_____ Fax:_____ Email _____

Owner/Operator Name:_____

Address:_____Phone:_____

Type of Establishment

Gas Station_____ **Retail Food Service_____** **Food Service____**

Package Store_____ **Lounge/bar_____** **Retail____**

Pharmacy_____ **Mobile Food Service____** **Other____**

If corporation or partnership, include Name, Title, and Address of Partners:

State of Incorporation:_____ **Name and address of local agent**:_____

_____ _____
Signature of Individual of Corporate Officer **Social Security # of FID #**

For Board of Health Use Only
Date Received: Date Inspected: Approved By: Permit #: Expires: