



OFFICE OF THE BOARD OF HEALTH

TOWN OF LEICESTER

3 WASHBURN SQUARE • LEICESTER, MASSACHUSETTS 01524-1333
TELEPHONE: (508) 892-7008 • FAX: (508) 892-1163

TOBACCO SALES PERMIT APPLICATION

Date: _____

Fee: \$100.00

MA Dept. of Revenue Tobacco License #:

MUST ATTACH COPY

Business Name:

Business Address

Mailing Address (if different):

Phone:

Fax:

Owner/Operator:

New Owner: YES NO

Address:

Phone:

E-mail Address:

Type of Establishment: (please check one)

Gas Station Only

Gas Station/Mini Mart

Package/Liquor Store

Food Service

Retail Food Service

Hotel/Motel

Retail

Pharmacy

Lounge/Bar

Other

If corporation or partnership, include Name, Title, Address and Phone # or partners

Name:

Title:

Home Address:	Phone:
State of Incorporation:	
Name and address of local agent:	

Please return this completed application form, employee certification, copy of tobacco license number, and permit fee of \$100.00 (check made payable to the Town of Leicester) to Board of Health, 3 Washburn Square, Leicester MA 01524.

All permits expire last day of February of the year they were issued.

Signature

Pursuant to Massachusetts General Laws, Chapter 62C, Section 49A, I certify under the pains of perjury that, to the best of my knowledge and belief, I have filed all State tax returns and paid all State taxes required under law and further that I consent to unannounced, periodic inspections of my retail establishment to ensure compliance with this regulation.

Signature of Individual or Corporate Officer

SS# or FID#

For Board of Health Use Only	
Approved By:	Date:

