



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: <input type="checkbox"/> YES <input type="checkbox"/> NO
Address:	Phone:
E-mail Address:	

Type of Establishment: (please check one)

- | | | |
|---|--|---|
| <input type="checkbox"/> Gas Station Only | <input type="checkbox"/> Gas Station/Mini Mart | <input type="checkbox"/> Package/Liquor Store |
| <input type="checkbox"/> Food Service | <input type="checkbox"/> Retail Food Service | <input type="checkbox"/> Hotel/Motel |
| <input type="checkbox"/> Retail | <input type="checkbox"/> Pharmacy | <input type="checkbox"/> Lounge/Bar |
| <input type="checkbox"/> 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:

Employee Certification:

I have read the Leicester Board of Health Regulation and State Law regarding tobacco sales. I understand these laws and will do my best to uphold the regulation when a person seeks to purchase tobacco products.

1. _____
Employee signature Manager Signature

Employee name - printed Store Name

2. _____
Employee signature Manager Signature

Employee name - printed Store Name

3. _____
Employee signature Manager Signature

Employee name - printed Store Name

4. _____
Employee signature Manager Signature

Employee name - printed Store Name

Note: Copy must be on file with the Leicester Board of Health