



BOARD OF HEALTH
50 The Common
Phillipston Ma. 01331
Tel./Fax. 978-249-1735

License number _____ Decal number _____ Date issued _____

Principal place of business. Licenses will be mailed to this location.

Name of Business

Name of Contact

Address

Telephone

Name and address of location at which tobacco products will be sold (if different from above)

Name

Name of Contact

Address

Reason for application. Check one:

- ☐ Started new business
- ☐ Renewal
- ☐ Purchased existing business

:

Miscellaneous

Provide information on licensed cigarette wholesaler(s) and/or manufacturer(s) from whom you will purchase cigarettes. Attach additional sheet, if necessary:

Are any Massachusetts tax returns due or any Massachusetts taxes owed by your firm?

- ☐ Yes (attach statement)
- ☐ No

Has your cigarette license ever been revoked?

- ☐ Yes (attach statement)
- ☐ No

I hereby certify that the statements made herein have been examined by me and are, to the best of my knowledge and belief, true and correct and I agree to conform with the provisions of the Massachusetts General Laws, Ch. 62C and Ch. 64C, as amended, and with all rules and regulations made thereunder, and have complied with all laws of the Commonwealth relating to taxes. Signed under the pains and penalties of perjury.

Signature of authorized officer Title

Date

Make check payable to Town of Phillipston and include copy of current DOR Tobacco Tax Card

Retail Sales Tobacco Permit/Registration Application

Owner/Applicant's Phone Number: _____

This image shows a full page of blank white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page, providing a template for writing or drawing. There are no margins, text, or other markings present.