



# Board of Health

TOWN HALL • 19 WASHINGTON ST. • SHERBORN, MASSACHUSETTS 01770  
508-651-7852 • FAX 508-651-7868

## APPLICATION FOR PERMIT to SELL TOBACCO PRODUCTS

\_\_\_\_\_ 20 \_\_\_\_\_

**To the Sherborn Board of Health:**

**In accordance with the provisions and the Statutes and Regulations relating thereto, application for a Permit is hereby made by:**

**Name:** \_\_\_\_\_  
PRINT Full name of person, firm, or corporation making application

**Address:** \_\_\_\_\_  
PRINT Full address by street and number of establishment

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number

\*\*\*\*\*  
FOR OFFICE USE ONLY

Date Received: \_\_\_\_\_ Fee Paid: \_\_\_\_\_

Application Approved: \_\_\_\_\_ By: \_\_\_\_\_  
Date Signature

\*\* This permit expires on December 31<sup>st</sup> of the calendar year granted. \*\*