TOWN OF WINCHENDON

Board of Health



109 Front Street Winchendon, Massachusetts 01475-1758 Telephone (978) 297-3537 Facsimile (978) 297-1616

RETAIL SALES TOBACCO / NICOTINE DELIVERY PRODUCT PERMIT REGISTRATION APPLICATION

Date of Application:	
Business Name:	
Business Address:	
Business Phone Number:	
Owner/Applicant's Name:	
Owner/Applicant's Title:	
Owner/Applicant's Address:	
Owner/Applicant's Phone Number:	
List of all sales persons, names and ages, authorized to se (List all employees who currently handle tobacco product updated with the Board of Health when applying for the a recognizes that there may be staffing changes throughout if more space is needed.)	s. This list only needs to be named permit. The Board the year. Continue on the back
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	Office Use:
Please attach a check or money order for \$150.00 payable to the Town of Winchendon as well as copies of your current Massachusetts Department of Revenue License for Sale of Cigars and Smoking tobacco, Sale of Cigarettes, Sale of Electronic Nicotine Delivery	
Systems (as applicable)	