



TOWN OF CHARLTON
BOARD OF HEALTH
37 MAIN STREET
CHARLTON, MA 01507
(508) 248-2210

*NON-REFUNDABLE FEE OF \$100.00
MADE PAYABLE TO THE TOWN OF CHARLTON*

TOBACCO SALES PERMIT APPLICATION 2017

(Please Print)

NAME OF
ESTABLISHMENT: _____

ADDRESS: _____

PHONE NUMBER: _____

OWNER (s) OPERATOR (s) NAMES: _____

TITLE: _____

TYPE OF SALES: (Please Check One)

OVER-THE-COUNTER _____

SELF-SERVICE _____

VENDING MACHINE _____

OTHER METHOD _____

(explain) _____

I, the undersigned, have obtained and reviewed the regulations pertaining to the sale, vending, and distribution of tobacco within the Town of Charlton. I have also read said regulation and that the applicant is responsible for instructing any and all employees who will be responsible for tobacco sales regarding both state laws regarding the sale of tobacco and this regulation.

NAME/TITLE OF APPLICANTS

DATE