



TOWN OF DIGHTON

Board of Health

1111 Somerset Ave
Dighton, MA 02715
774-872-0943

FOR OFFICE USE ONLY
PERMIT NO: _____
DATE: _____
CHK NO & PMT: _____

Fee \$125.00

TOBACCO CONTROL PERMIT APPLICATION FOR SITE AND SALES OF TOBACCO PRODUCTS

PERMIT HOLDER:

Name of Owner/Corporation

(Home Address) (City/Town) (Zip)

(Home Telephone) (Personal Email Address)

DOING BUSINESS AS:

(Business Name)

(Business Address)

(Business Telephone) (Business Email Address)

Applicant's Name (please print) Applicant's Signature (**REQUIRED**)

Applicant's Date of Birth (**REQUIRED**) Applicant's SSN# or EIN# (**REQUIRED**)

Title Date

Circle One

Convenience Store	Gas/Mini Mart	Liquor Store	Restaurant
Grocery	Private Club	Pharmacy	Fish Market
Retail/Wholesale	Other _____		

Sales over the counter _____ Sales with vending machine _____

Other Town permits/licenses held: FOOD _____ LIQUOR _____

»» Please attach a copy of your current Dept. of Revenue Cigarette Retailer's License ««
APPLICATIONS MUST BE RECEIVED BY THE SECOND WEEK OF DECEMBER TO AVOID A LATE FEE