



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