



Town of Northborough

Board of Health

63 Main Street
Northborough, MA 01532-1994

Office (508) 393-5009

Fax (508) 393-3130

Tobacco Sales and Distribution Sales Permit Application Permit Fee \$100.00 payable to the Town of Northborough

Date of Application: _____ State Revenue Licenses # _____

Business Name: _____

Address: _____

Mailing Address: _____

Phone: _____ Email Address: _____

If mobile vendor include: Vehicle Reg. # _____ State Peddlers lic.# _____

Owner Name: _____

Address: _____

Type of Establishment (check one)

Gas Station Retail Food Service Food Service Package Store

Lounge/Bar Retail Pharmacy Mobile Food Service Other

If "other," please indicate: _____

If corporation or partnership, include Name, Title, and Address of Partners:

State of incorporation: _____ Name and address of local agent: _____

Signature _____ Social Security or FID # _____

For Health Department use only:

Date Received: _____ Date Inspected: _____ Approved By: _____ Permit #: _____ Expires: _____