

FOOTHILLS HEALTH DISTRICT
Serving Ashfield, Goshen, Williamsburg and Whately
P.O. Box 447, Haydenville, MA 01039-0447
Phone: (413) 268-8404 Fax: (413) 268-8409

APPLICATION FOR PERMIT TO SELL RETAIL TOBACCO PRODUCTS

In accordance with regulations promulgated under Chapter 111, Section 31 of the General Laws of Massachusetts, I hereby apply for a permit to sell retail tobacco in Whately, Massachusetts.

Name of Business: _____

Location of Business (street address) _____

Mailing address (if different than above) _____

Include the zip code: _____

Name of Business Owner (PRINT) _____

Mail address of Owner (if different than above) _____

Include the zip code: _____

Telephone Number(s) of Owner: _____

Today's Date _____ Signature of Owner: _____

(For Board of Health Use only below this line)