



**Town of Lancaster, Massachusetts  
Retail Sales Tobacco Application**

Effective October 30, 2023 – December 31, 2024

Retailers: Please complete both sides of this application and return it with a check in the amount of \$150.00, payable to Town of Lancaster, to the address listed on the reverse side of this form.  
***For establishments with more than one location, the fee is \$150.00 per location.***

Section A – Business Information

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_

Applicant's Name (print): \_\_\_\_\_

Applicant's Business ID #: \_\_\_\_\_

Applicant's Home Address: \_\_\_\_\_

Applicant's Home Phone Number: \_\_\_\_\_

*Please turn over and complete the other side*

For Office Use Only

Date Application Received: \_\_\_\_\_ Date Permit Issued: \_\_\_\_\_

Permit Effective Dates: \_\_\_\_\_

Fee: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Check No.: \_\_\_\_\_

Date Inspected: \_\_\_\_\_

Inspected by: \_\_\_\_\_

Violations Noted: \_\_\_\_\_

Section B -- Partners or Corporate Officers  
(this information may be attached in a separate sheet)

Name, Title Address and Phone:

1. \_\_\_\_\_  
\_\_\_\_\_  
2. \_\_\_\_\_  
\_\_\_\_\_  
3. \_\_\_\_\_  
\_\_\_\_\_  
4. \_\_\_\_\_  
\_\_\_\_\_

Section C – Authorized Persons to Sell Tobacco Products  
(this information may be attached in a separate sheet)

Name: _____	Age: _____
Name: _____	Age: _____
Name: _____	Age: _____
Name: _____	Age: _____
Name: _____	Age: _____
Name: _____	Age: _____
Name: _____	Age: _____
Name: _____	Age: _____
Name: _____	Age: _____
Name: _____	Age: _____

If you have any questions, please do not hesitate to contact the Lancaster Board of Health at 978-365-3326 ext. 1086 or [szediker@lancasterma.gov](mailto:szediker@lancasterma.gov).

Please return completed application, along with a check for **\$150.00 per location** (payable to Town of Lancaster) to:

Lancaster Board of Health  
Town of Lancaster  
701 Main Street, Suite 6  
Lancaster, MA 01523