



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

Effective October 31, 2017 – October 30, 2018

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. 1310 or ddennis@lancasterma.net.

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
695 Main Street, Suite 6
Lancaster, MA 01523