

**TOWN OF CLINTON**

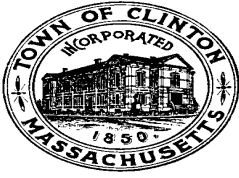
*Board of Health*

**242 Church Street**

**Clinton, Massachusetts 01510**

**Tel: (978) 365-4116**

**Fax: (978) 612-0097**



**RETAIL SALES TOBACCO PERMIT**

Date Submitted:
Fee: \$50.00
Date Approved:
Date Denied:
License/Permit Number:

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

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

Telephone: \_\_\_\_\_

**Owner/Applicant:** \_\_\_\_\_

Owner/Applicant Title: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

List of all sales people, their name and age, authorized to sell tobacco products (list all employees who currently handle tobacco products. This list only needs to be updated with the Board of Health when applying for the annual permit. The Board recognizes there may be staffing changes during the year).

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_