

TOWN OF WINCHENDON



Board of Health

Telephone (978) 297-3537  
Facsimile (978) 297-1616

109 Front Street  
Winchendon, Massachusetts 01475-1758

**RETAIL SALES TOBACCO PERMIT REGISTRATION/APPLICATION**

Date of Application: \_\_\_\_\_

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

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

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

Owner/Applicant's Name: \_\_\_\_\_

Owner/Applicant's Title: \_\_\_\_\_

Owner/Applicant's Address: \_\_\_\_\_

Owner/Applicant's Phone Number: \_\_\_\_\_

List of all sales persons, names and ages, 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 that there may be staffing changes throughout the year. Continue on the back if more space is needed.)

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Office Use:

Please attach a check or money order for \$5.00  
Payable to the Town of Winchendon