



TOWN OF UXBRIDGE  
**BOARD OF HEALTH**  
 TOWN HALL  
 21 SOUTH MAIN STREET  
 UXBRIDGE, MASSACHUSETTS 01569

**TOBACCO PERMIT APPLICATION**

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

Fee: \$20.00

Name of Establishment: \_\_\_\_\_

Est. Address: \_\_\_\_\_

Est. Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_

Name of Owner: \_\_\_\_\_

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

Owner Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_

Type of Establishment: (check one)

Bank \_\_\_\_\_ Educational Fac. \_\_\_\_\_ Health Fac. \_\_\_\_\_  
 Laundromat \_\_\_\_\_ Public Trans. Fac. \_\_\_\_\_ Reception Area \_\_\_\_\_  
 Restaurant \_\_\_\_\_ Retail Food \_\_\_\_\_ Retail Service \_\_\_\_\_  
 Theater \_\_\_\_\_ Waiting Room \_\_\_\_\_ Vending Machine \_\_\_\_\_

Tobacco products sold: (check all that apply)

Cigarettes \_\_\_\_\_ Cigars \_\_\_\_\_ Chewing Tob. \_\_\_\_\_  
 Snuff \_\_\_\_\_ Other \_\_\_\_\_

The Applicant has received Article XVIII - Tobacco Access to Minors Control Regulations from the Town of Uxbridge.

Signature of Applicant \_\_\_\_\_