TELEPHONE 278-8604

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 _____