



# TOWN OF DIGHTON

BOARD OF HEALTH  
979 SOMERSET AVENUE  
DIGHTON, MA 02715  
TEL: (508) 669-6431

FOR OFFICE USE ONLY

Tax Office Initials \_\_\_\_\_  
Real Estate Amnt Due \_\_\_\_\_  
Personal Prop Amnt Due \_\_\_\_\_  
Motor Vehicle Amnt Due \_\_\_\_\_  
Tax Title Amnt Due \_\_\_\_\_

## TOBACCO CONTROL

### PERMIT APPLICATION FOR SITE AND SALES OF TOBACCO PRODUCTS

Fee: \$125.00

#### PERMIT HOLDER:

\_\_\_\_\_  
(Name of Owner/Corporation)

\_\_\_\_\_  
(Home Address)

\_\_\_\_\_  
(City/Town)

\_\_\_\_\_  
(Zip)

\_\_\_\_\_  
(Home Telephone)

\_\_\_\_\_  
(Personal Email Address)

#### DOING BUSINESS AS:

\_\_\_\_\_  
(Business Name)

\_\_\_\_\_  
(Business Address)

\_\_\_\_\_  
(Business Telephone)

\_\_\_\_\_  
(Business Email Address)

\_\_\_\_\_  
Applicant's Name (please print)

\_\_\_\_\_  
Applicant's Signature (**REQUIRED**)

\_\_\_\_\_  
Applicant's Date of Birth (**REQUIRED**)

\_\_\_\_\_  
Applicant's SSN# (**REQUIRED**)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\*\*\*Circle One

Convenience Store

Gas/Mini Mart

Liquor Store

Restaurant

Private Club

Pharmacy

Fish Market

Grocery Retail/Wholesale

Other \_\_\_\_\_

Sales over the counter \_\_\_\_\_

Sales with vending machine \_\_\_\_\_

Other Town permits/licenses held: FOOD \_\_\_\_\_

LIQUOR \_\_\_\_\_

\*\*Please attach a copy of your current Dept. of Revenue Cigarette Retailer's License

**APPLICATIONS MUST BE RECEIVED BY DECEMBER 21, 2017 TO AVOID A LATE FEE**