



BOARD OF HEALTH
50 The Common
Phillipston Ma. 01331
Tel./Fax. 978-249-1735

License number _____ Decal number _____ Date issued _____

Principal place of business. Licenses will be mailed to this location.

Name of Business _____ Name of Contact _____

Address _____

Telephone _____

Name and address of location at which tobacco products will be sold (if different from above)

Name _____ Name of Contact _____

Address _____

Reason for application. Check one:

- Started new business
- Renewal
- Purchased existing business

:

Miscellaneous

Provide information on licensed cigarette wholesaler(s) and/or manufacturer(s) from whom you will purchase cigarettes. Attach additional sheet, if necessary:

Are any Massachusetts tax returns due or any Massachusetts taxes owed by your firm?

- Yes (attach statement)
- No

Has your cigarette license ever been revoked?

- Yes (attach statement)
- No

I hereby certify that the statements made herein have been examined by me and are, to the best of my knowledge and belief, true and correct and I agree to conform with the provisions of the Massachusetts General Laws, Ch. 62C and Ch. 64C, as amended, and with all rules and regulations made thereunder, and have complied with all laws of the Commonwealth relating to taxes. Signed under the pains and penalties of perjury.

Signature of authorized officer Title _____ Date _____
Make check payable to Town of Phillipston and include copy of current DOR Tobacco Tax Card

