



**TOWN OF NORTON, MASSACHUSETTS
BOARD OF HEALTH**
70 East Main Street, Norton, MA 02766
1-508-285-0263 FAX 1-508-285-0269

**LICENSE APPLICATION FOR THE SITE AND SALES OF TOBACCO PRODUCTS and NICOTINE
DELIVERY PRODUCTS**

LICENSE # _____ **FEE:** \$50.00
(Issued by Board of Health)

LICENSE HOLDER:

Name of Owner/Corporation

Home address City/Town Zip

Home Telephone Personal E-mail Address

DOING BUSINESS AS:

Business Name

Business Address

Business Telephone Business E-Mail Address

Applicant's Name (please print) Applicant's Signature (REQUIRED)

Applicant's Date of Birth (REQUIRED) Applicant's Soil Security # (REQUIRED)

Title Date

Circle One

Convenience Store	Gas/Mini Mart	Gas only	Liquor Store
Bar	Private Club	Dept. Store	Grocery
Wholesale			
Other _____			

Sale over the counter _____ Sale from vending machine _____

Other Town permits held: FOOD _____ Liquor: _____