

MARSHFIELD BOARD OF HEALTH

Application for Tobacco Location and Sales Permit

Location where Tobacco Products will be sold:

PLEASE PRINT

Business Name _____

Street Address _____

Mailing Address _____

Telephone _____

The applicant understands and agrees to the condition that this establishment shall be subject to compliance checks to insure that tobacco products are not sold to minors.

PLEASE PRINT

Name of Person Applying: _____

Signature of Person Applying: _____

Position _____

Permit Fee is **\$75.00**. All checks payable to **Town of Marshfield**