



## Hubbardston Board of Health

7 Main Street, Unit #2  
Hubbardston, MA 01452  
978-928-1400 x212  
[health@hubbardstonma.us](mailto:health@hubbardstonma.us)

### Retail Sales Tobacco Application

Business Name: \_\_\_\_\_ Date: \_\_\_\_\_

Business Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Applicants Name: \_\_\_\_\_ Title: \_\_\_\_\_

Applicants Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

List of all sales persons, names and ages, authorized to sell Tobacco Products: (This list only needs to be updated with the Board of Health when applying for the annual permit. The Board recognized that there may be staffing changes throughout the year. Continue on the back if more space is needed.)

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Pursuant to the provisions of MGL Chapter 40, Section 57 certification that no debt is owed to the Town of Hubbardston by the applicant or owner must be obtained from the Tax Collector before this form is submitted to the Board of Health.

No debt is owed: \_\_\_\_\_ Debt is owed: \_\_\_\_\_

Signature of Tax Collector: \_\_\_\_\_ Date: \_\_\_\_\_

Date received by the Board of Health: \_\_\_\_\_

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_