



Karen A. Walega
MPH, CHO, RS
Health Director

TOWN OF ROCHESTER

Board of Health

37 Marion Road

Rochester, MA 02770

Phone: 508-763-5421/ Fax: 508-763-5379

Sarah T. Eby
MHA, BSN, RN
Chair

Glenn Lawrence
Vice Chair

Dale Barrows
Clerk

Connie Dolan, RN
Public Health Nurse

APPLICATION FOR TOBACCO VENDOR PERMIT

PLEASE PRINT

PERMIT FEE: \$75.00 per Establishment

NAME OF ESTABLISHMENT: _____

BUSINESS ADDRESS: _____

MAILING ADDRESS: (IF DIFFERENT) _____

BUSINESS PHONE: _____

NAME AND TITLE OF APPLICANT: _____

ADDRESS OF APPLICANT: _____

PHONE NUMBER OF APPLICANT: _____

EMAIL ADDRESS: _____

NAME OF OWNER (If different from Applicant): _____

If Corporation or Partnership, list name, title, and addresses of officers:

State of Incorporation: _____

SSN: _____ FID# _____ EIN# _____

Name and Telephone # of Emergency Contact(s): _____

All permits are issued for 12 months. They are not pro-rated.

Office Use Only

Payment:

Permit #:

Approved/Date: