



Town of Southborough

Board of Health

9 Cordaville Road, Lower Level
Southborough, MA 01772-1662

Phone: (508) 481-3013

TOBACCO SALES LICENSE APPLICATION

LICENSE FEE: \$200 (1 year license)

Type of Establishment _____

Date of Application _____ **State Tobacco License #** _____

Establishment Name _____

Establishment Address _____

Mailing Address (if different) _____

Establishment Phone _____

Owner/Operator Name _____

Address _____

Phone _____ **Email** _____

If corporation or partnership, give names, titles and home addresses of officers/partners.

1. _____

2. _____

3. _____

State of Incorporation _____

Name and Address of Local Agent _____

Signature of Individual or Corporate Officer _____

Social Security or FID # _____

FOR OFFICE USE ONLY

Fee _____ **Check #** _____ **Permit Number** _____ **Date Issued** _____

Notes: _____