



Board of Health

Town of Royalston
5 School Street PO Box 54 . Royalston MA. 01368
Tel (978)249-3617
Email: boh@royalston-ma.gov

Fee: \$50

Retail Sales Tobacco Permit Application

Date: _____

Email: _____

Name of Establishment: _____

Business Address: _____

Phone: _____ Name of Owner: _____

Mailing Address (If different): _____

Name and Title of Applicant (If not the Owner): _____

Phone Number of Applicant: _____

Please list all tobacco and nicotine delivery products you sell at your establishment (you may list more on the back of this application if needed):

***Please provide a copy of your State Department of Revenue License to sell Tobacco Products with this application. Your permit will not be processed without it.**

"I certify that the information I have provided in this application, to the best of my knowledge and belief, it and all accompanying schedules and statements are true, correct and complete. I have read and understand the Royalston Board of Health Regulations Restricting the Sale of Tobacco Products and Nicotine Delivery Products and will comply with said regulations."

Applicant Signature: _____ Date: _____

Applicant Print Name: _____

Tobacco Permits expire December 31st of every year. A \$25 late fee will be charged for applications received greater than 10 days past the permit renewal date.

All checks must be made payable to the Town of Royalston