



Office of
Town of Hubbardston
Board of Health
7 Main St. – Unit #2
Hubbardston, Massachusetts 01452
Telephone (978) 928-1400 Ext. 212
FAX (978) 928-4806

**RETAIL SALES TOBACCO PERMIT / REGISTRATION
APPLICATION**

Date of Application: _____

Permit Fee: \$125.00

Business Name: _____

Business Address: _____

Business Phone Number: _____

Owner / Applicant's Name: _____

Owner / Applicant's Title: _____

Owner / Applicant's Address: _____

Owner / Applicant's Phone Number: _____

List of all sales persons, names and ages, authorized to
sell tobacco products:

(List all employees who currently handle tobacco products.
This list only needs to be updated with the Board of Health
when applying for the annual permit. The Board recognizes
that there may be staffing changes throughout the year.
Continue on the back if more space is needed.)

Pursuant to the provisions of M.G.L. Chapter 40, Section 578, certification
that no debt is owed to the Town of Hubbardston by the applicant or the owner
of record must be obtained from the Tax Collector prior to submitting form to
the Board of Health.

Signature of Tax Collector: _____ Date _____

No Debt is Owed: _____ Debt is Owed: _____

This permit expires on _____