



Tobacco Permit Application

Acton Board of Health
Health Dept. Phone: 978-929-6632
www.acton-ma.gov
health@acton-ma.gov

**Form
F-5**

Fee: \$ 85 Annually

Business Name: _____

Phone Number: _____ Email Address: _____

Address at which Tobacco and Smoking Products are sold:

Individual(s) to whom further communications, if any, should be sent:

Position of said individual(s) (i.e. Store Manager, Corporate position, etc.):

Signed: _____ Date: _____

Printed Name: _____

Position: _____