

SHARON BOARD OF HEALTH
TOBACCO SALES PERMIT APPLICATION
(please print or type)

NAME OF ESTABLISHMENT: _____

LOCATION: _____ PHONE: _____

ADDRESS OF FIRM: _____ PHONE: _____

OWNER(S) NAME(S): _____

OPERATOR(S) NAME(S), & TITLE(S): _____

****NAME OF STORE MANAGER (REQUIRED)**

Tobacco sales in the town of Sharon may only be conducted over the counter. No self-service tobacco product displays and no tobacco product vending machines are permitted....

I, THE UNDERSIGNED, HAVE OBTAINED AND REVIEWED ARTICLE 22 OF THE "RULES AND REGULATIONS OF THE SHARON BOARD OF HEALTH".

DATE APPLICATION COMPLETED

SIGNATURE(S)/TITLE(S) OF APPLICANTS

of employees who may sell tobacco products: _____.

Per Article 22 of the Board of Health Rules and Regulations, the person in control of the premises must insure that all employees have completed the appropriate employee statement and placed a copy on file with the Board of Health.

FEE: \$150/YEAR

\$175/YEAR if received 1-30 days after expiration date.

\$200/YEAR if received 31 days or later after expiration date.