

**Town of Westminster**

**RETAIL SALES TOBACCO PERMIT/REGISTRATION APPLICATION ~ 2010**  
**Fee \$150**

Date of Application: \_\_\_\_\_

1. Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_

2. Owner/Applicant's Name: \_\_\_\_\_

Owner/Applicant's Title: \_\_\_\_\_

Owner/Applicant's Address: \_\_\_\_\_

Owner/Applicant's Phone Number: \_\_\_\_\_

3. 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.)

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Office Use:  
Date Application Received: \_\_\_\_\_  
Date Application Approved: \_\_\_\_\_  
Date Permit/Registration granted: \_\_\_\_\_