



TOWN OF CHILMARK
CHILMARK, MASSACHUSETTS

Board of Health
(508)645-2105 (ph)
(508)645-2110 (fax)
boh@chilmarkma.gov
9am – 2pm Mon – Fri

Permit #: _____

Permit Fee: \$10.00

Paid: _____

APPLICATION FOR A
PERMIT for the
SALE OF TOBACCO PRODUCTS

Permit expires at the end of the calendar year in which it is issued unless sooner revoked for cause

Retail outlet: _____

Mailing Address: _____

Owner/Operator: _____

Phone: _____ E-mail: _____

The undersigned hereby agrees to comply with the Town of Chilmark Board of Health Regulations and relevant provisions of the Massachusetts General Law relating to the sale of Tobacco products, including being tested on a regular basis by an underage buyer.

Signature of Applicant: _____

Date: _____

Board of Health Approval: _____

Approval Date: _____