

**TOWN OF NORTH ANDOVER**  
**Office of COMMUNITY DEVELOPMENT AND SERVICES**  
**HEALTH DEPARTMENT**  
**1600 OSGOOD STREET; BUILDING 20; SUITE 2-36**  
**NORTH ANDOVER, MASSACHUSETTS 01845**



**Susan Y. Sawyer, REHS/RS**  
**Public Health Director**

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<http://www.townofnorthandover.com>

**Tobacco Sales Permit Application**

Date: \_\_\_\_\_

Establishment Name: \_\_\_\_\_

Establishment Location: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Phone: \_\_\_\_\_

Fax \_\_\_\_\_

E-Mail: \_\_\_\_\_

Applicant's Name & Title: \_\_\_\_\_

Owner of Establishment (if different): \_\_\_\_\_

Corporation Name: \_\_\_\_\_

Corporation Address: \_\_\_\_\_

Emergency Response Person: \_\_\_\_\_

Phone: \_\_\_\_\_

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**FEE: \$110.00 Annual renewal fee due by July 1<sup>st</sup> of each year**  
**Late Fee: will double to \$220 if received after the due date.**

**Payable to: Town of North Andover**