Trumbull Health Department
335 White Plains Road, Trumbull, CT 06611
Phone (203) 452-1030 Fax (203) 452-1050

APPLICATION FOR TOBACCO / NICOTINE PERMIT & RENEWAL

January 1st – December 31st

Name of Business: _____

Street Address: _____

Establishment Phone: _____ **Email:**_____

Please indicate Business Mailing Address if different from above:

Street Address: _____ **Town:** _____ **State:** _____ **Zip Code:** _____

Please enter your Emergency Phone Number and phone type:

Phone: _____ □ **Cell** □ **Land Line**

Owner:_____**Phone:** _____

Owner's Address: _____ **Town:** _____ **State:** _____ **Zip Code:** _____

Manager: _____ **Phone**: _____

Manager's Address: _____ **Town:** _____ **State:** _____ **Zip Code:** _____

THERE IS NO LICENSE FEE REQUIRED.

All information on this form must be completed before your permit can be issued.

The undersigned is authorized and requests a tobacco / nicotine products permit for the above establishment for the period of one year and operates in accordance with applicable federal, state and local laws, regulations and ordinances.

Signed: _____ Date: _____

Print Name: _____ Title: _____