TOWN OF TEWKSBURY

HEALTH DEPARTMENT
TOWN HALL
1009 MAIN STREET
TEWKSBURY, MASSACHUSETTS 01876
(978) 640-4470
Fax (978)-640-4472
health@tewksbury-ma.gov

Fee $115.00

APPLICATION FOR A RETAIL TOBACCO SALES PERMIT

Date Paid:	Expires: December 31
Check #:	Permit #:

Please check here ☐ if you would like to be considered a "Retail Tobacco Store". In compliance with "Chapter 11: Restricting the Sale of Tobacco" when choosing to operate as a Retail Tobacco Store you:

- Must prohibit entry to all persons under 21 at all times
- Must limit sales primarily to tobacco and tobacco paraphernalia
- May not sell any items that require a food permit

ESTABLISHMENT NAME AND LOCATION

Full Name:		Telephone:
Location Address: Street name and number	City:	State and Zip Code
Manager's Name:		Emergency Telephone:
Sole Proprietor: Partnership:	Trust: Corporation:	Email Address:
Mailing Address: Street name and number	City:	State and Zip Code

If corporation or partnerships attach names, titles, email address, and home addresses of officers:
_____
_____

State of Corporation _____

Name, address, phone no, and email address of local Agent _____

Attach the following documents:

- "Workers Compensation Insurance Affidavit: General Business"
- Insurance Binder with your facility name and address included
- Check or money order payable to "Town of Tewksbury"

Type of Tobacco Products sold: Cigarettes _____ Dip _____ Chew _____ Pipe Tobacco ____ Other _____
(Check all that apply)

I understand that I must comply with Board of Health regulations governing tobacco sales and that the issuance of this permit in no way releases the applicant from the obligation to obtain any other permits or licenses required by any local, state, federal or other regulatory agency.

Pursuant to M.G.L. Ch. 62C sec. 49A, I certify under penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

Social Security No. or Tax Identification Number:	
Date Signed:	Signature of Individual: