

**Tewksbury Board of Health Department**  
**999 Whipple Road**  
**Tewksbury, MA 01876**  
**Telephone: 978-640-4470 Fax: 978-640-4472**

Fee: <b>\$115.00</b>	Expires: January 31
Date Received:	Permit:#
Paid Date:	Check No.

**APPLICATION FOR A RETAIL TOBACCO SALES 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

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:

Payment shall accompany this application with a make a check or money order payable to "Town of Tewksbury."

Office Hours: Monday – Thursday 8:00 AM to 9:30 AM and 2:30 PM to 4:00 PM. Office is closed to the public on Fridays