



BOARD OF HEALTH

# Town of Boylston

221 Main Street  
Boylston, MA 01505  
Tel (508) 869-0143 x 222 (Main)  
508-869-6828 (Direct)  
Fax (508) 869-6210  
Email: boh@boylston-ma.gov

## APPLICATION FOR TOBACCO SALES PERMIT

**FEE: \$10.00**

**INSTRUCTIONS:**

1. Complete Application.
2. Complete a Workers' Compensation Insurance Affidavit. This **MUST** be included before a permit can be issued. Also include a copy of your Certificate of Liability Insurance Declaration page.
2. Attach a check for \$10.00 made payable to the Town of Boylston.
3. Mail to Boylston Board of Health, 221 Main Street, Boylston MA 01505.
4. Fees are non-refundable.

BUSINESS NAME: \_\_\_\_\_

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

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

CONTACT PERSON: \_\_\_\_\_

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

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

**Purpose of Permit: To SELL Tobacco Products**

**in accordance with the Town of Boylston Board of Health Rules and Regulations affecting Sales of Tobacco Products to Minors; effective May 20, 1996.**

**TOBACCO SALE PERMITS EXPIRE DECEMBER 31<sup>st</sup> each Calendar Year**

I have fully read and understand the Board of Health Rules and Regulations affecting sales of tobacco products to minors. I understand that it is my responsibility to instruct all persons under my employment on the sale of tobacco products to minors.

Pursuant to Massachusetts General Laws Chapter 62C, Section 439A, I certify under penalties of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

\_\_\_\_\_  
Signature of Applicant/Contact Person

\_\_\_\_\_  
Date