

Boylston Board of Health

APPLICATION FOR TOBACCO PERMIT

FEE: \$100.00

LOCATION:

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.

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

Send the completed Application, Workers' Compensation Insurance Affidavit and Certificate of Liability Insurance along with a check made payable to the "Town of Boylston" for \$100. Mail to Boylston Board of Health, 221 Main Street, Boylston MA 01505. Fees are non-refundable.