



OFFICE OF THE BOARD OF HEALTH

TOWN OF BROOKFIELD

6 Central Street • Brookfield, MASSACHUSETTS 01506
TELEPHONE: (508) 867-2930 x 22 • FAX: (508) 867-5091

TOBACCO SALES PERMIT APPLICATION

Date: _____

Fee: \$100.00

MA Dept. of Revenue Tobacco License #:	*MUST ATTACH COPY*
Business Name:	
Business Address	
Mailing Address (if different):	
Phone:	Fax:
Owner/Operator:	New Owner: <input type="checkbox"/> YES <input type="checkbox"/> NO
Address:	Phone:
E-mail Address:	

Type of Establishment: (please check one)		
<input type="checkbox"/> Gas Station Only	<input type="checkbox"/> Gas Station/Mini Mart	<input type="checkbox"/> Package/Liquor Store
<input type="checkbox"/> Food Service	<input type="checkbox"/> Retail Food Service	<input type="checkbox"/> Hotel/Motel
<input type="checkbox"/> Retail	<input type="checkbox"/> Pharmacy	<input type="checkbox"/> Lounge/Bar
	<input type="checkbox"/> Other	

If corporation or partnership, include Name, Title, Address and Phone # or partners

Name:
Title:

Home Address:	Phone:
State of Incorporation:	
Name and address of local agent:	

Please return this completed application form, employee certification, copy of tobacco license number, and permit fee of \$100.00 (check made payable to the Town of Brookfield) to the Board of Health, 6 Central Street, Brookfield MA 01506.

All permits expire last day of December of the year they were issued.

Signature

Pursuant to Massachusetts General Laws, Chapter 62C, Section 49A, I certify under the pains of perjury that, to the best of my knowledge and belief, I have filed all State tax returns and paid all State taxes required under law and further that I consent to unannounced, periodic inspections of my retail establishment to ensure compliance with this regulation.



Signature of Individual or Corporate Officer



SS# or FID#



For Board of Health Use Only	
Approved by:	Date:



Employee Certification:

I have read the Brookfield Board of Health Regulation and State Law regarding tobacco sales. I understand these laws and will do my best to uphold the regulation when a person seeks to purchase tobacco products.

	
1. Employee Signature	Manager Signature
Employee Name - Printed	Store Name

	
2. Employee Signature	Manager Signature
Employee Name - Printed	Store Name

	
3. Employee Signature	Manager Signature
Employee Name - Printed	Store Name

	
4. Employee Signature	Manager Signature
Employee Name - Printed	Store Name

Note: Copy must be on file with the Brookfield Board of Health